THE CHURCH AND COMMUNITY MENTAL HEALTH NEEDS, WITH SPECIAL REFERENCE TO LAGUNA BEACH, CALIFORNIA

A Dissertation

Presented to

the Faculty of the

School of Theology at Claremont

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Religion

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by

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June 1973

This dissertation, written by

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DOCTOR OF RELIGION

Faculty Committee

Date June 1973

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CHAPTER I

THE GROWING CONCERN FOR COMMUNITY MENTAL HEALTH

One thing that is certain today is CHANGE. One of humanity's greatest problems in our rapidly changing technological progress is the ability to accept and to assimilate change. Our new civilization is producing ways of life strikingly different from those of previous generations and a speed of change which is beyond the imagination of most persons. With the advance of science and technology moving us from the age of industrialization into the nuclear-space age, from the age of the agrarian society to the complexity of the megalopolis, from the age of the patriarchal and matriarchal family structure to an age of the nuclear family, a tremendous strain has been experienced by the individual and by the community in which he operates. As a result, great emphasis is being placed on the reformation and the renewal of relationships, personal values and individual identity, the restructuring of the community; and in general, helping persons encounter the products of the new changing world. Within this process is a great social revolution of profound human significance, a revolution of healing and/or of human fulfillment.[1] One specific phase of this movement is the Community Mental Health Movement.

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[1]Howard J. Clinebell, Jr., *Community Mental Health* (New York, Abingdon Press, 1970), p. 11.

A Brief Review of the Mental Health Concern

The history of health care in the United States has gone through many phases. Initially, the aim was to set up autonomous agencies of high quality that would serve the separate health needs of the individual. As these were developed, not only was there fragmentation between different health areas, but there was little coordination between agencies in one specific health area.[2] Public concern for health, including mental health, has been mainly a stop-gap approach, concerned mainly with disease, its treatment, prevention, and to a far less extent, with the establishment of the best attainable state of health.[3]

The history of mental ill-health, first as "insanity," and more recently, as "mental illness," shows that the problem has, for nearly two centuries been regarded as a biological malady which requires medical treatment. The mind was thought to have a neurological base; mental disorder was then considered to be a biological disorder. From a general opinion held prior to the 1800's that insanity was virtually incurable, the Enlightenment has brought a conviction that man is perfectable, and that he can control the environment with a perfection of life on earth. With this basis, the concern for developing mental

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[2]Milton F. Shore, "Urban Community Mental Health Program," in Milton F. Shore and Fortune V. Mannino (eds.) *Mental Health and the Community* (New York: Behavior Publications, 1969), p. 122.

[3]Kenneth Soddy and Robert H. Ahrenfeldt (eds.) *Mental Health in a Changing World* (Philadelphia: Lippincott, 1965), p. 63.

health emerged, attempting to better the life and the relationship of persons, communities and nations.[4]

Since World War II increasing understanding of the nature of tensions, anxiety, and social stress that cause suffering or inadequacy, has enabled workers for mental health to widen their horizons, to include these largely psychologically determined disturbances within their scope and seek to prevent them. But mental health remained to mean many things to many people. It seems that for many years it theoretically referred to a goal. By a certain set of ideas and beliefs life can be developed into a better and more satisfying experience than it is at the present. As a result "mental health" has often become an euphemism for referring to the problem of "mental illness," referring to the work of professionals and groups working to help persons with such illness, or to help them from returning into such a state of illness. Such a program was usually limited to such crisis treatment centers as mental hospitals, clinics and a few private practices.

Unfortunately such an "illness treatment" approach demanded persons to check their communities and their families--their common basis of personal involvement and identity--at the door of the mental hospital or the clinic. The "sick person" was isolated from the rest of the "healthy community" in order that his "sickness" could be isolated and gotten rid of so that he could again return to society.

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[4]Arthur J. Bindman and Allen D. Spiegel (eds.) *Perspectives in Community Mental Health* (Chicago: Aldine, 1969), p. 71.

Frequently the individual found it difficult to enter into the life of the community after being divorced from it for so long and not working at becoming able to live in it. Such a program did much "to isolate the patient from his community, to undermine his motivation to return, to retard his skills and to induce a level of disability above and beyond that resulting from the patient's condition."[5]

Eventually mental health moved its concern from the "sick person" to include the community and the society from which he came as well as the elements within that community which added to or even caused the person's illness. This new approach recognized mental health as depending upon the context of man's cultural environment. As Clinebell points out:

> The revolution has two fronts. The first is a massive effort to win a battle that mankind has been losing through the centuries--the provision of humane, effective treatment for the mentally and emotionally disturbed.
>
> The second front is to develop more effective ways of fostering positive mental health in all persons, to stimulate their growth and to help them release their unique potentialities for creative living and relating.[6]

The community plays a very important part in both of these fronts of the mental health revolution.

The community represents the single most important social matrix which man has invented. It is the community that is the framework in which the many challenges confront the individual as he lives

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[5]David Mechanic, *Mental Health and Social Policy* (Englewood Cliffs: Prentice-Hall, 1969), p. 63.

[6]Clinebell, *op. cit.*, p. 11.

out his life within the environment of his relationship to others who are important to him. It is the community which imposes certain expectations upon the person as well as the individual is maintained by, contributes to and takes its essential characteristics from. It is essentially through the associations and the institutions of the community that the main interpersonal and institutional supports become accessible and a personal identity is achieved. It is the community then that becomes the focal point of the mental health program.

Now that we have moved from the concern for only dealing with the needs of mental illness to being concerned with the total person and his total environment, we are faced with new challenges and new requirements. The recent development requires that we take a new look at what is meant by "mental health," by the importance of the community to the individual, and how mental health and the community are interrelated.

> Now that the quest is on for effective means of preventing psychological problems and promoting psychological soundness, there is growing recognition of a need to understand and use community forces in the pursuit of mental health. We are in the midst of a virtual about-face in the orientation of an entire field. As a result, mental health programs all over the country are confronting communities in new ways. This in turn, requires more attention to the nature and meaning of community life and new attempts to understand the basic dynamics of the community.[7]

Recent legislation, especially in the area of mental health, has required the development of a plan of service that evolves from a

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[7]Donald C. Klein, *Community Dynamics and Mental Health* (New York: Wiley, 1968), p. 3.

critical review of all the services in the community available to meet specific health problems. This is evidence of changing attitude which begins to extend mental health provisions beyond the restricted aims of custodial care and segregation of the ill to integration of such individuals into society and work at preventive programs. The use of modern psychosocial and somatic therapies, and of psychotropic drugs, has also promoted the transfer treatment of such illness from the segregated setting to the home and the community at large. This along with the wider realization of the need to reach a larger proportion of the population has brought into recent focus the new emerging development of community mental health programs.

Community mental health has become a term which refers to all the activities carried out in the community which promotes and encourages the development of individuals and groups to the fullest of their capabilities and potentialities. These activities include all segments from diagnosis and treatment on the one hand to enrichment programs on the other. The work of such programs will be done from especially trained professionals on the one hand to the individual member of the family, community and world on the other.

Definition of Mental Health

As we are involved in studying the development of a mental health program for a community, we must first ask ourselves what is meant by mental health. We know that health is usually viewed as an attribute of the individual. Some experts in the field of mental health conclude that "health" fundamentally represents a judgment about

the physical or psychological status of the individual, heavily loaded with the values and biases of the culture (Jahoda, 1958; J. Clausen, 1963). Especially insofar as medicine has turned its attention to public health, preventive medicine, and more recently, psychiatry, it has accepted a holistic frame of reference in which psychological, social, and cultural aspects are related to both man's biology and his environment (Straus and Clausen, 1963).[8]

One way of defining mental health is to define what it is not. It seems that all agree that mental health indicates the absence of illness, specifically the absence of mental anguish, disturbance and turmoil to the point of inability to function. A group of experts in the mental health disciplines, meeting at Cornell University in 1958, listed the following:

> Mental health is *not*:
> 1. Adjustment under all circumstances. There are many circumstances to which man should not adjust, otherwise there would be no progress.
> 2. Freedom from anxiety and tensions. Anxiety and tension are often prerequisites and accompaniments of creativity and self-preservation. . . .
> 3. Freedom from dissatisfaction. . . .
> 4. Conformity. One criterion of maturity is the ability to stand apart from the crowd when conditions indicate. . . .
> 5. Constant happiness. In this imperfect world, a sensitive mature person often experiences unhappiness.
> 6. A lessening of accomplishment and creativity. Mental health is characterized by the ability of the individual to use his powers ever more fully.
> 7. The absence of personal idiosyncrasies. Many such idiosyncrasies which do not interfere with function enrich the life of the individual and those who come in contact with him.
> 8. The undermining of authority. Mental health is characterized by the increased ability of the individual to use and respect realistic authority while deprecating the use of authority

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[8] *Ibid.*, p. 4.

as an oppressive force.

9. Opposition to religious values. Mental health facilitates and complements the aims of religion, inasmuch as it fosters the highest spiritual and social values.[9]

Mental health, to describe in a positive term, can mean many things depending upon the writer, the context and the reader. J. R. Newbrough has defined mental health to be essentially a goal--a set of ideas and beliefs that life in the future can be better and more satisfying of an experience that it is now.[10] Jahoda describes two ways of viewing mental health in personality terms. It may be seen as a relatively constant and enduring function of personality yielding classifications of the health of a person; or it may be seen as a less permanent function of personality and the situation yielding a classification of the adequacy of actions or of behavior.[11] Thus the measurement of mental health is determined by the culture's decision whether to place a high value on such characteristics as flexibility or rigidity, introversion or extroversion, emotional lability or emotional control, passivity or aggressivity.

The criteria of reality testing and, more recently, social competence (L. Phillips, 1967) are sometimes offered as ways out of such a value dilemma. However, the realities with which any individual copes are complex and ever changing even as the realities for different

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[9]Howard J. Clinebell, Jr., *Mental Health through Christian Community* (Nashville: Abingdon Press, 1965), pp. 18-19.

[10]J. R. Newbrough, "Community Mental Health: A Movement in Search of a Theory," in Bindman and Spiegel, *op. cit.*, p. 70.

[11]*Ibid.*

individuals are often different, especially when the individuals come from vastly different cultural or socioeconomic backgrounds. Thus we are still faced with the question of who is to determine which of the several available levels of reality should have priority. Social competency is then by definition culture-bound and places mental health in a psychosocial context. L. Phillips therefore describes mental health as the degree to which a person, according to his age and sex, learns to cope effectively with societal expectations.[12] This approach has its merit, but falls short of an overall definition (e.g. some cultures having elements of totalitarianism, war, and poverty may be a difficult situation in which to prove one's social competence).

Basically, it seems that in the differing values of most cultures, health in general and mental health specifically means "wholeness." Health, which includes mental health, is a condition in which each part is furthering its particular purpose in relation to the whole organism; each part is contributing to the welfare of the whole. Furthermore, each part is integrated and unified by the whole being. This is not unique to the recent understandings in mental health for wholeness has been the concern of movements and of our basic Judeo-Christian concern.

Wholeness is not a static condition and therefore demands a further description. An essential element of health is the expression and development of the potentialities within each person. Health is fulfillment--the fulfillment of the function or purpose of each part

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[12]Klein, *op. cit.*, pp. 4-5.

of the organism, not only the emotional or the physical, but the intellectual, social, and religious aspects of the personality as well. This refers not only to the normal development and growth of the child into adulthood, but also the ongoing process of developing and broadening of all aspects of a person's life.

Another essential element of health is also the person's ability to live in, relate to and function within his environment. Such a broadening of the individual's world brings about an even greater complexity of concerns, goals and expectations upon the individual. This element pushes for the "wholeness" of the person and his environment, his relationships, his community, his world. Permeating both individual wholeness and world wholeness is the necessity of being "at one" with or achieving wholeness with the Spirit and Purpose of all of Life and Creation, God.

In this moving process toward "wholeness," several qualities are necessary. First, for relationship there must be a good communications system which will allow the various parts of the individual to relate to each other (e.g. feelings, thoughts, values, goals, etc.) as well as the individual to relate to other parts of his world (e.g. persons, groups, society). Leslie D. Weatherhead emphasizes the relating in his definition of health as "the complete and successful functioning of every part of the human being, in harmonious relationship with every other part and with the relevant environment."[13]

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[13]Leslie D. Weatherhead, *Psychology, Religion and Healing* (New York: Abingdon Press, 1952), p. 311.

This relatedness depends upon the second element: an open perspective to the totality of all of the parts, an awareness of the "self" and all of its parts in relationship to many other parts of creation. This is not only a horizontal awareness, but must be vertical in an awareness of the purposeful push of creation's Purpose, as well as an awareness of the dimension of time or timelessness (eternity). Health therefore lies in the direction of becoming aware of the life-growing and life-destroying forces in oneself and in one's relationship with others and his surroundings.

Thirdly, health, and again mental health included, has as its essential part a response-ability of the organism. Insight and awareness leads us to the realization of how our freedom and autonomy can be used to the best of our concern. It leads us to an acceptance of a certain situation and then moves us to respond in such a way that we progress toward greater wholeness. Thus the responsibility of the individual lies in his response-ability to the needs confronting him in light of the push of the process of wholeness.

On the one hand we could say that a general view of mental health would be a happiness of life experienced at a fulfilling and deep level. This cannot be used as a criterion for measuring mental health but rather an expression of the feeling and realization of being mentally healthy. Social psychologist Marie Jahoda made an exhaustive study of various positive mental health concepts. Combining and paraphrasing these as criteria, we could say that a person is mentally healthy to the degree that:

1. His attitudes toward himself are characterized by

self-acceptance, self-esteem, and accuracy of self-perception.

2. He actualizes his potentialities through personal growth.

3. His inner drives are focused and his personality integrated (the opposite of being fragmented by inner conflicts).

4. He has a dependable sense of inner identity and values so that he is not overly dependent on the influences of others.

5. He is able to see reality--the world and other people--with accuracy because his subjective needs do not distort his perceptions.

6. He is able to take what life gives him; master his environment; and enjoy love, work and play.[14]

From the above definition we can see that mental health is really a process rather than a definition, it is the flowing stream and not just the water. It is the ability of a person to take part in life to the fullest of his capacity, to love, grow and create.

The above description of mental health is far too simple to explain the complex process which constantly demands of each individual to grow, respond to changes, revise attitudes and actions, improve communications and rapport, be open to other alternatives, maintain a perspective, search for solutions to problems, be accepting to needs and limitations as well as potential, etc. It does give, however, a basis by which we may proceed toward an understanding of community mental health.

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[14]Marie Jahoda, *Current Concepts of Positive Mental Health* (New York: Basic Books, 1958); paraphrased by Clinebell, *Mental Health through Christian Community*, pp. 16-17.

A Look at the Community

In our attempt to understand the community mental health movement, it is essential that we give further thought to the meaning of the community as it refers to the health and welfare of the individual. Community can mean many things to many persons. Fordham gives the following elements as those which characterize a community:

1. A group or groups of people.
2. Some sort of geographical orientation.
3. Some one or more substantial interests in common.
4. A state of mind which may be called a sense of community.[15]

Beyond this there is enormous variety. What may be the purpose of one community may not be the basis of another. There may be a grouping of lesser communities within a rough hierarchy of larger communities. Generally the term, community, refers to the area in which a person carries on his normal daily life--living, working, playing, entertaining, resting, etc. However, it is important in determining a program of mental health for a community to describe the community by the major functions it performs. A list of basic functions given by Klein includes:

1. Providing and distributing living space and shelter and determining use of space for other purposes;
2. Making available the means for distribution of necessary goods and services;
3. Maintaining safety and order, and facilitating the resolution of conflicts;
4. Educating and acculturating newcomers;
5. Transmitting information, ideas, and beliefs;

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[15]Jefferson B. Fordham, *A Larger Concept of Community* (Baton Rouge: Louisiana State University Press, 1956), p. 4.

6. Creating and enforcing rules and standards of belief and behavior; and
7. Providing opportunities for interaction between individuals and groups.[16]

Carrying out these seven functions constitutes what seems to be three main catagories of service. The first would have to do with the maintenance of the physical and social environment. A second service has to do with the providing or developing within an individual a sense of self and social worth. Finally, the community serves through the giving of help and support at times of stress.

> The community may be defined as patterned interactions within a domain of individuals seeking to achieve security and physical safety, to derive support in times of stress, and to gain selfhood and significance throughout the life cycle.[17]

Such a definition rests on the interactions of individuals rather than on the social organizations whose nature and functions are a manifestation of those interactions.

Another important area of consideration in the interest of mental health is the "phenomenology" of the community, that is, the ways in which residents view their own community.[18] Such perceptions constitute a kind of community self-image, usually based on history and traditions handed down from the past and on a life style that has developed with the various sub-groups of the community. This is important in that the community, its needs, its personality, and its

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[16]Klein, *op. cit.*, p. 7.

[17]*Ibid.*, p. 11.

[18]A good discussion on the phenomenology of the community is done by Donald C. Klein, "The Community and Mental Health: An Attempt at a Conceptual Framework," in Bindman and Spiegel, *op. cit.*, p. 82 ff.

direction may be seen in different light according to the perception of the various groups. "This is such a friendly community, with everybody as one big happy family" one member may report while another person from another group may say, "There is such a false, insecure front that most people put up to each other. . .they're really scared to relate to each other." Still another person may see the community through the perspective of "Everybody sticks to his own business--I go my way and everybody else goes his." From sugar-coated Polyannas to the cynical individualist, it seems reasonable to expect that such differing community self-images would lead to quite varied reponses to an introduction of mental health programs. Though they may radically differ, each is a part of the community and each must be considered in the over-all mental health program.

Each community seems to develop its own style of allowing or restricting the various life styles to emerge or to exist. Often divergent and even conflicting values may coexist in a single community. Often separate values are upheld by different segments of the population. Or some individuals and groups may operate under a complex double-value system wherein their actions and life style may be different according to the role which they happen to find themselves. In spite of the many differences and conflicts which may exist within a community, it seems that there emerges a particular final way of doing things generally. In evaluating the needs of a community, it is essential that both the general style and personality and the specific interrelated styles within the general style are recognized.

Since a community's structure is ever changing and interrelated

with its dynamics, a mental health program to meet community needs must be greatly aware of the dynamics of the community. One of the major items of the community dynamics is the power structure within the community. Power is the ability of a person or persons to influence decisions and actions of other people. In another context, it is the extent of the individual's or group's ability to block or to facilitate the gratification of the needs of other persons. Power patterns in communities differ according to the degree to which they are stable and fixed, or unstable and fluctuating. A community with a very high rate of mobility would tend to have a more unstable power structure than a community of permanent residents. As a result, social planning for health, education and social welfare enterprises may become inadvertently enmeshed in the already existing struggles for power on the part of different factions. In this light, a community must be viewed politically, to see how the community operates, how decisions are made and how new ideas are proposed and implemented in the population.

Bringing the Concern for Mental Health and the Community Together

As we view the interdependent and complex elements of the community on the one hand and the concern for developing a program of mental health on the other, we encounter many dilemmas and difficulties. The quest for effective means of preventing psychological problems and promoting psychological soundness has brought us closer to the recognition of a need to understand and use community forces in the pursuit of mental health. It also helps us to be more closely

aware of the community and its needs, the nature and meaning of community life and brings about new attempts to understand the basic dynamics of the community.

In concerning ourselves with the mental health from a community perspective, we see several implications emerging. First, in order to deal with the individual's health, it must be done in the context of the community. Recognition must be given to the person and his struggle in the setting in which he lives. Since many of the tools for coping successfully are provided by the community, the individual must be dealt with in the community and family setting, and be kept alive and intact with his ties to these social structures.

An almost overwhelming problem in adapting a mental health program to the "community" of our complex contemporary changing society is the recognition of the values of the overlapping communities and at the same time recognize the individual worth of the common man. How can this be done when even local communities have become so large and complex that big government seems inescapable? The resolution of the difficulty can proceed from a recognition of the possibility that there can be unity in diversity, and that the very small community may be fostered at the same time that we seek integration on a much larger community basis for purposes which are fulfilling (or at least not destructive) to both communities. For example, in any one area we might resort to both atomization and integration as compatible elements of a coherent program.[19] Soddy sees this type of development within

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[19]Fordham, *op. cit.*, p. 5.

our communities as being essential to the welfare of the identity of each individual. He writes:

> Common humanity can be expressed and experienced only through diversity, and every diversity must have an identity; and therefore the preservation of identities, which has been referred to, is fundamental to the whole idea of human association. . . to have a 'good' society the individual has to be concerned about preserving the identity of his neighbour; we can envisage a 'good' world only in terms of groups being concerned to preserve each other's identity. The welfare of the whole cannot be considered apart from the welfare of the separate parts.[20]

The whole basis of community mental health is based first of all on a concern with the development of a new kind of awareness and understanding within man: a new kind of personhood, community and nationhood which is not so much an allegiance to the world community, as a system of identity formation by which each individual member of each community and nation has some kind of personal stake in the existence and wellbeing of all other human beings of all other nations.

A second implication of the emerging community mental health movement is that it be done with an awareness of the orientation of much of contemporary psychiatry, understanding atypical qualities of the family drama which results in an etiological push for the development of psychoneuroses, character disorders, adult behavior disturbances and in certain instances, psychotic reactions.[21] Thus it would follow that to change or correct the condition found in the person, some attention must be paid to the family as a collectivity and the community in order to grasp and then modify those attitudes, behavior

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[20]Soddy and Ahrenfeldt, *op. cit.*, p. 51.

[21]Bindman and Spiegel, *op cit.*, p. 58.

patterns, identifications, and emotional attachments that supposedly have a pathological effect on the rest of the members--in terms of integration and alienation.

A third implication would be the concept that the community is the patient and consequently, the necessity arises to develop techniques that can be used in treating the community and certain elements within the community that would tend to weaken the health of the individual. This implies a certain etiological view, namely, that within the texture of those institutional arrangements that make up the community there exist dysfunctional processes, subcultures with unhealthy value complexes, specific institutional tensions, various ideological conflicts along age, sex, ethnic, racial and political axes, occasional cultural crises, and an increasing tempo of social change that in their functional interrelationships provide a pathogenic social environment. Thus, when these elements are incorporated into the experience of the persons, especially during their early and adolescent years, they emerge as abnormal forms of traits, attitudes, thought processes, and behavior patterns.[22]

As we bring our concern for mental health together with our understanding of the community we are made aware of the urgent need to develop within every community adaptive programs which might help meet

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[22]In a theoretical vein, this is the Merton paradigm wherein he attempts to show the diverse modes of adaptation that arise as a result of the various patterns of discrepancy between institutional means and cultural goals. This is discussed further by H. W. Dunham in "Community Psychiatry: The Newest Therapeutic Bandwagon," Bindman and Spiegel, *op.cit.*, p. 58 ff.

the changing needs of individuals and of groups. Such a complex and intricate program must be designed to begin where the constituents of the community are at that time and move with a flexible, but directional, manner toward an environment which might better serve their needs. The program would incorporate not only the needs of every individual and group, but also the potential and the service giving ability of every individual and group. It would in essence become more than a plan on paper--it would be the movement of life within a community toward fulfillment. It would become more than a theory spelled out by words--it would be a changing, flowing, struggling, searching series of actions determined by the individuals and groups of the community itself.

Community Pressures

It is apparent that individuals vary in their process of living and growing into personhood, and especially with the capacity to deal with emotionally hazardous situations. The immediate emotional well-being of any individual is determined by the function of the nature of the demands made on him and his ability to deal with them. It is also influenced by the environmental supports (or lack of support) available to him at times of decision or stress. Again, all of the elements of the community become important to the individual for it is only through the associations and the groupings of the community or the environment that essential interpersonal and institutional supports become accessible. This brings us to a quest for understanding of the community as the entity that gives rise both to the conflicts

and pressures of living and the potentials and the tools for coping successfully with them.

In a report of an International and Interprofessional Study Group convened by the World Federation for Mental Health in 1965, many of the prominent pressures of our society today are due to the changes and pressures of the industrial revolution.[23] Their study pointed out that the impact of the fast transition has been particularly disturbing to the mental health of people the world over and has caused various disorders of behavior. Two causes stand out: (1) the actual stresses encountered, and (2) the cultural attitudes which determine the way of dealing with the stresses. Usually the signs of stress in modern society vary more with the cultural attitudes than with the actual stresses encountered.[24]

One of the greatest pressures of the new culture is the establishing of some self-image and identity when the value systems, the social institutitons, the cultural ceremonies and the established process of individual development is questioned, challenged, and even deemed unimportant. Mechanization has always been felt as a threat to the potency and usefulness of the individual, or, in Maslow's terms, to his need to belong, to self-esteem and the esteem of others and to self-realization. Involved in this struggle is the need for a process of transition whereby a person may develop from child to youth to adulthood. There is a need for an understanding of relative position

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[23]Soddy and Ahrenfeldt, *op. cit.*, p. 3.

[24]*Ibid.*, p. 58.

of man and woman in society, a framework in which the individual can relate positively to family and community. This framework must provide a basis upon which the person may structure his life in order to find a sense of value and worth--"success." This same framework must also provide the basis by which the individual may deal with hurt, grief, anxiety, anger and even death.

An area of great anxiety brought about by our changing society has been not the innovations themselves, but how they actually alter the interrelationships between persons. It is the profound change in internal and external reference systems that innovations may cause that constitutes the problem, through the very considerable effect that it can have on the orientation and sense of identity of the individual. This is difficult to describe in that there are wide variations in the respective capacities of individuals belonging to different cultures, and there is a wide variation between different individuals in the same culture. To make this even more complex, there is a wide variation in the capacity of the same individuals at different periods of life, to accept, absorb, enjoy and develop with change. However, these variations occur both in the scope and the time relations of the changes involved, and in relation to the frame of reference of the individual, the environmental values, the origins and modes of introduction of the innovations. How the individual sustains or develops his identity within the context of his culture, his life style, his close friends and family, and his self-understanding is often disturbed with the threat of change.

Within our own society an important part of the identity prob-

lem is that of the attitude regarding work. The attitude and motivation of work has moved from mere necessity of maintaining life to a psychological necessity of life.[25] It is used to satisfy numerous other needs of the individual such as his social, individualistic, moral and physical needs. With industrialization and mechanization coming to a society firmly based on the Puritan work ethic, individuals find themselves challenged as the source of their proving their self-worth is diminished in importance or even taken away. As the role of work changes, the job requirements and work expectations take on different meanings. The increase of leisure demands a change of attitudes and schedules. The fear of the loss of identity and worth as well as the vacuum of self-expression and physical movement once gained from work presents a social and moral pressure. Along with the changing attitude about work comes the need for a clearer understanding about retirement, as well as anticipating and providing for the needs of old people living in a changing society with new styles of family life.

Another source of anxiety has been in the changes of transferring the history, information, tradition of the culture, and especially in the changing system of education. All over the world in the past few decades, education in schools has become progressively more academic, concerned with more information, more technical knowledge. As a result, it has demanded a progressively higher level of ability and effort on the part of all, challenging the level achieved

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[25] *Ibid.*, p. 33.

by those already in the working world and placing higher demands upon those attempting to prepare themselves for the world.

One of the most prevalent forms of anxiety in highly developed industrial communities may be seen in the field of religion, where generally traditional items of faith tend to be questioned and new concepts of the relationship between God and man are constantly being propounded by religious movements.[26] Social and cultural changes have posed a threat to a person's religious status. At the same time, such innovations as space travel, organ transplants, abortion, nuclear warfare, test tube life, control of genetic structure, etc. have developed a need for rethinking the freedom of man and the creative activity of God. Since religion has always been seen to be the stabilizing factor of culture, each such change is threatening.

The items mentioned in the previous paragraph pose more than a religious question. They move us back again into the area of concern over self-preservation. This pressure is due to an awareness of the extraordinarily rapid rate at which the world population figures are increasing. There is the question of increased food production, the redistribution of food, attempts to modify or change the direction of the reproductive behavior of people of different cultures with different levels of social and political aspirations, the existence of various religious and ideological taboos, or military supremacy. To add to this is the growing awareness of the pollution of our natural resources, the loss of "space for living comfortably," and changing

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[26] *Ibid.*, pp. 62-63.

ideas about old age, retirement and old people in our society.

Along with the many pressures of society mentioned and the many unmentioned, one emerges as being very important for our concern in regard to community mental health. This is the anxiety being brought about by the rapidly changing values, life styles, roles, support and expectations of the family unit, the extended family and the immediate community. No longer are the roles of father and of mother so firmly set by societal expectations. A growing rate of divorce, the changing attitude toward sex and sexual expression, the radically changing role of the woman in society, the diminishing value of large families and the necessity to marry in order to produce children, plus the emerging phenomena of psychological independence, both of individuals and of communities are common anxiety-producing elements within our emerging society about which a mental health movement must give concern.

Developing a Mental Health Program Within the Community

One of the goals of the mental health movement is to establish within the community the health giving and health sustaining environment such as that of the "therapeutic community." Generally the therapeutic community has been applied to the primary treatment of mental disorders and is therefore a prescribed treatment orientation for a certain few. However, the mental health program which we are describing would take into consideration the needs of every individual. The community would deal with both the anxiety engendered among individuals by adequate perception of reality, and the anxiety raised by

the modification and sublimation of instinctual drives and would offer help in controlling them.

Such an approach to mental health must be based upon the ecological thesis that adaptive programs of the community can change according to the needs of its constituents. The concept of ecology is also particularly valid for the assessment of individual behavior in social situations and provides a redefinition of clinical practice. The person must be viewed in a specific social situation at a given moment. Behavior is not to be viewed as sick to well, but must be defined as transactional, an outcome of reciprocal interactions between specific social situations and the individual.[27] In each interpersonal and inter-group situation where conflict or tension arises, the question of how one person or group may increase the feeling of security of the other rather than undermine it, is one of the most vital questions for the future of mental health and of the world.[28]

The therapeutic community has long been discussed and described by a number of authors (Clark, 1965; Edelson, 1967; Jones, 1967, etc.). To describe such a community as it refers to the broader perspective, the following paraphrase of Wilmer and Lamb's definition is offered: The "therapeutic community" (1) is oriented to develop persons to more healthy, meaningful social roles by altering the institutional and social structure which has determined those roles by the process of his involvement with the other persons within the same

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[27]Bindman and Spiegel, *op. cit.*, p. 97.

[28]Soddy and Ahrenfeldt, *op. cit.*, p. 109.

structure as they share in the decision-making power with the leaders; (2) is committed to the idea that socio-environmental and interpersonal influences play an important, though not an exclusive, part in the development program; (3) is characterized by an atmosphere of intimate spontaneous face-to-face interactions in which lines of communication are relatively free and everyone has access to the total body of relevant knowledge in the life of the group or the community; and (4) is so designed that group interaction and activities as well as community meetings are essential elements in the propagation of its cultural themes and life style.[29]

Levels of Mental Health Service. Community mental health programs designed to germinate and culture a therapeutic community would necessarily result from the application of principles attained from social, psychological, medical, religious, cultural, economic, political and environmental understandings. Such an application would be intimately involved in the structure and function of the community at various levels of treatment and development. Pattison describes the key concepts of community mental health programming to be broken into three levels of prevention and development. They are: (1) Primary prevention is concerned with the elimination of conditions that produce emotional illness and with the promotion of conditions that will foster mental health. (2) Secondary prevention is concerned with the

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[29]Harry A. Wilmer and H. Richard Lamb, "Using Therapeutic Community Principles," in H. Richard Lamb, Don Heath and Joseph J. Downing (eds.) *Handbook of Community Mental Health Practices* (San Francisco: Jossey-Bass, 1969), pp. 62-63.

early and effective detection of emotional problems when they do exist, so that such problems can be resolved before producing serious disruption in a person's life. (3) Tertiary prevention is concerned with rehabilitation that will prevent the development of chronic disability in persons who sustain severe emotional difficulties.[30] Community mental health programs in developing a therapeutic community are concerned not only with providing direct clinical services to the emotionally ill, but also with developing services in the community related to the three levels of prevention.

A major concern in primary prevention is the development of certain social, cultural and personal attitudes which will produce strong, healthy persons, and, as a result, healthy behavior. Basic in this development is the ability to create in every individual a basic awareness of himself, of himself in context with his world, of himself as being a worth-full and meaningful person living with freedom in a given setting. How the person views himself will either directly or indirectly determine how he deals with aggression, anger, pride, sexuality, competition, social relations, child-rearing, marital relations and every other aspect of his life.

Paramount in the development of healthy attitudes is the person's ability to develop within himself the ability to recognize his developing wholeness in a context of freedom and with an awareness of his potential. There is a dialectical relationship between social

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[30]E. Mansell Pattison, "An Overview of the Church's Roles in Community Mental Health," in Clinebell, *Community Mental Health*, pp. 20-21.

values and individual freedom. We cannot have one without the other. In human civilized cultures, there is no such thing as a purely social value as such; values are given and transmitted in the tradition of the society and are constantly subject to affirmation, development, and reforming by individuals in the society exercising some margin of freedom to affirm or defy.[31] Erik Erikson sees this as being the process of positive identity which is located in the core of the individual and yet in the core of his communal culture. Ego-identity is a systematic synthesizing function in one of the ego's frontiers, namely, that "environment" which is social reality as transmitted to the child during successive childhood crises and to the adult throughout his development. From a psychosocial point of view basic social and cultural process can only be viewed as a joint endeavor of the ego to develop and maintain, through joint organization, a maximum of conflict-free energy in a mutually supportive psychosocial equilibrium. Only such organization is likely to give consistent support to the egos of growing and grown beings at every step of their life long development.[32]

Another concern in primary prevention is the development of a system of interpersonal and intergroup relationships which provide various activities offering a basis from which the above mentioned attitudes may be developed. These activities would offer meaningful intimacy, support and relationship. No person is able to maintain his

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[31]Rollo May, *Psychology and the Human Dilemma* (Princeton: Van Nostrand, 1967), p. 212

[32]Erik Erikson, *Childhood and Society* (New York: Norton, 1950), pp. 221-223.

existence solely by himself. We maintain our integrity as human beings through the emotional nurture we receive from family, friends, and associates.[33] It is very difficult, if not impossible, for an individual to develop an attitude of self-acceptance about himself or attempt to develop a potential within himself if the only input from his personal world is a negative message of non-acceptance, or a lack of worth or potential.

Primary prevention must be conceived as a positive condition, producing positive relationships from which the person may adopt positive attitudes, goals, actions and reactions. Erich Fromm has emphasized this in his description of the mentally healthy person:

> The mentally healthy person is the productive and unalienated person; the person who relates himself to the world lovingly, and who uses his reason to grasp reality objectively; who experiences himself as a unique individual entity, and at the same time feels one with his fellowman; who is not subject to irrational authority, and who accepts willingly the rational authority of conscience and reason; who is in the process of being born as long as he is alive, and considers the gift of life the most precious chance he has.[34]

A community or relationship providing such positive interaction is necessary to provide the environment from which may develop the mentally healthy person. Such positive qualities of the community would include relationships that are intense, open, honest, humane, understanding, compassionate, responsive (rather than indifferent), personal

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[33]Pattison, *op. cit.*, p. 21.

[34]Erich Fromm, *The Sane Society* (New York: Holt, Rinehart & Winstron, 1955), p. 275.

(rather than impersonal), experimental (rather than defensive).[35]

Basic to the interpersonal structure of the community is the family unit. Of all the groupings of persons, the relationship of the family unit is the most important individual grouping to the development of mentally healthy persons. The "family" is no longer to be rigidly defined as a mother, father and children. Due to the changing social structure of present day society, there are many one-parent homes and even a considerable number of no-parent homes (where the children and/or youth are living with other youth or adults not related to them). The "family unit" as the basic interpersonal grouping of the community must be recognized to be a group of persons who are usually brought together as a unit due to their commonly accepted relationship, their common habitation and their psychological, social and economic interdependence.

It is usually through the family unit that the person develops his basic foundation of identity. The healthy self finds a strong beginning if the family unit provides a safety of trust, nonjudgment, being cherished, owning feelings, empathy and unique growing within the climate of genuine love.[36] To spell this out further, there are eight basic needs that the developing child experiences within the

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[35]Marshall Edelson, *Sociotherapy and Psychotherapy* (Chicago: University of Chicago Press, 1970), p. 173.

[36]These points are given excellent coverage in Part II of of Dorothy Corkille Briggs, *Your Child's Self-esteem* (Garden City: Doubleday, 1970).

family unit. They are expressed by the following:

1. LOVE -

   Every child needs to feel
   - that his parents love and want and enjoy him
   - that he matters very much to someone
   - that there are people near him who care what happens to him

2. ACCEPTANCE -

   Every child needs to believe
   - that his parents like him for himself, just the way he is
   - that they like him all the time, and not only when he acts according to their ideas of the way a child should act
   - that they always accept him, even though often they may not approve of the things he does
   - that they will let him grow and develop in his own way

3. SECURITY -

   Every child needs to know
   - that his home is a good safe place he can feel sure about
   - that his parents will always be on hand, especially in times of crisis when he needs them most
   - that he belongs to a family or group; that there is a place where he fits in

4. PROTECTION -

   Every child needs to feel
   - that his parents will keep him safe from harm
   - that they will help him when he must face strange, unknown and frightening situations

5. INDEPENDENCE -

   Every child needs to know
   - that his parents want him to grow up and that they encourage him to try new things
   - that they have confidence in him and in his ability to do things for himself and by himself

6. FAITH -

   Every child needs to have
   - a set of moral standards to live by
   - a belief in the human values: kindness, courage, honesty, justice and generosity

7. GUIDANCE -

Every child needs to have
friendly help in learning how to behave toward persons and things
grown-ups around him who show him by example how to get along with others

8. CONTROL -

Every child needs to know
that there are limits to what he is permitted to do and that his parents will hold him to these limits
that though it is all right to feel jealous or angry, he will not be allowed to hurt himself or others when he has these feelings.[37]

Of great importance to the area of primary prevention is a type of extended family--a base from which persons may gain support and assistance as they encounter the crises of life. In this regard such a community can offer the individual such security of understanding, concern, assistance and support necessary for him to work through the difficulties, the changes, the decisions and crises of his everyday living. Such support will allow the individual to gain his equilibrium and return to the fullest of his capacity to function as a person in society.

Still another area of primary prevention has to do with social concerns. Various groups within the community may join together in lending their support (both official public support and indirect assistance), in supplying monies, leadership, volunteers and facilities to programs aimed at redressing the social problems within their

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[37]Adapted from a brochure "Your Child's Mental Health," created by a group of mental health officers and ministers of Ozaukee and Washington Counties, Wisconsin (Port Washington, 1964).

communities which are contributory factors in producing mental illness.[38]

In summary, the area of primary prevention deals with those aspects of the community which nurture the individual to wholeness and health. It is the everyday support and nurture which everyone needs in order to deal with the common crises and stresses of life, without which persons would run into emotional distress and possibly sickness.

A second area of concern with the therapeutic community striving for mental health is secondary prevention. This deals with the early and effective detection of the emotional problems as they begin and a constructive and corrective approach toward resolving them. Secondary prevention would depend upon family and community members, leaders, professional persons and trained personnel being aware of and able to recognize early stages of illness, and reacting in such a way that the person is directed to professional help. Secondary prevention is also dependent upon the trained personnel within the community, such as: ministers, doctors, counselors, social workers, psychologists, public health workers, nurses, psychiatrists, hospitals, out-patient clinics. It would utilize the various approaches and abilities of these persons to deal with the individual's inability to function wholly within the community with the specific purpose to help him back into a fullness of personhood and into the participation of the

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[38]Pattison, *op. cit.*, p. 22; this topic is discussed further in this chapter under "Planning and Acting for Change."

therapeutic community.

Finally, there is the concern of tertiary prevention. This is the level with which most mental health concern has found expression. It is the area of concern which deals with the rehabilitation and cure of chronic disability within the severely emotionally disturbed persons. Such prevention is usually based in the mental hospitals and clinics.

Mental Health Services and Personnel. Basic to the whole attempt to provide mental health services within a comprehensive community mental health program is an awareness that such efforts are being designed with the welfare of every person in mind and with the intention of utilizing the individual and group resources toward the development of a mentally healthy community. In order to do this, there must be some broad-spectrum, governing body that is both aware of the various needs of the community and actively concerned about meeting those needs. Such a governing Mental Health Board must have representation from the major helping professions of the community, the major groups and organizations of the community, the political groups of the community plus persons who can give adequate representation for the community at large (persons who are aware of the persons and groups who are usually missed by current mental health programs).

The first action of a Mental Health Board would be to make a complete study and assessment of the total population of the community and its interaction or functioning. It must be particularly aware of

the various needs which are being adequately met, those which are insufficiently met, and those which are being ignored or have not received action. Special attention must be given to changes in the quantity and form of maladaptive behavior in the population in order to predict the effects of the physical and social structure of the community upon persons who have different styles of living. The board must be aware too of the effects of projected services upon the adaptive behavior of the population. It is an assumption of an ecological analysis that the expression of adaptive behavior will vary from place to place. Hence, services should be designed to be multiple and varied.[39]

As the Mental Health Board becomes involved with the structure and operation of the community, various goals, values, directions, and concerns start to emerge. These become the basis by which a program of mental health may gradually materialize. It will include many of the present services already being carried on in the community, but it will also suggest renewed programs as well as new ones. "Programs must be designed to reach the people who are hardly touched by our best current efforts, for it is actually these who present the major problems of mental health in America."[40] Even after such a program is developed and put into effect, inventiveness and research must constantly be used to continually update and retool the community resources in order to

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[39]M. F. Kelly, "Ecological Constraints on Mental Health Services," in Bindman and Spiegel, *op. cit.*, pp. 94-95.

[40]M. B. Smith and N. Hobbs, "The Community and the Mental Health Center," in Bindman and Spiegel, *op. cit.*, p. 398.

better meet the changing needs of its constituents.

One aspect of the Mental Health Service will include the broad spectrum of a general community education. Such an educational program would be used to introduce the new concepts of such a proposed Mental Health Service to the community at large. Included in such a program would be publicity through the various forms of communication, letting the public know of the intended goals and expectations, as well as showing the value of such a program. It would invite greater participation both in the planning and administrating of such a program. The educational program would also seek to carry out the principles of preventive measures by which individual mental health would be strengthened. This could utilize the help of the schools, churches, service organizations and clubs, special programs designed to meet the varied levels and life styles of the community.

Another important part of the educational program would be to work with the community leadership, the professional persons, the agencies and groups that a greater awareness of such a project might be gained, that they might realize not only the community needs, but a greater understanding of and respect for the many helping roles that they and others have in the mental health concern. Such an educational program can help them become involved in the decision-making and the help-giving within the program.

A second aspect of the Mental Health Service would be acting as a cental communications office, a clearing house of community feelings, needs, potentials, crises, etc. Not only would it be the hub of information coming in, but it would be the facilitator by which the

many segments that it represents would be able to better relate in effective community relationship. It would be the initiator and facilitator by which different helping groups, professional persons and agencies might find a greater respect for and cooperation with each other in the mutual efforts of community service. The clearing house office could help coordinate an effective educational program as it helps to match educators with the groups which have contact with the general public.

A third aspect of the Mental Health Service would include an Evaluation Board which would basically take on the responsibility to keep abreast of the more complex cases in the community and advise all helping agents so as to coordinate efforts to better serve needs with efficiency. With such a service there would be need for an orderly flow of information regarding persons and families. Thus a central computerized record-keeping and information-dispensing system could be developed which could be accessible to certain persons in the community.

A fourth and very important aspect of the Mental Health Service would be the operation of a mental health facility which would meet the needs of the community not met by other persons, groups and facilities of the community. Such a facility should be planned to fit a program and not vice versa. It should not be thought of as a place, building or collection of buildings, but as a people-helping organization. In order to help with such a concept, small units of diverse design, reflecting specific functions and located near users or near other services (such as a school or community center) might be

indicated. Each community should work out the pattern of services and related facilities that reflects its own particular problems, resources, program and solutions.[41] Included in the services, besides those previously mentioned, could be included: (a) inpatient care for people who need intensive care or treatment around the clock; (b) outpatient care for adults, children, and families; (c) partial hospitalization--at least day care and treatment for patients able to return home evenings and weekends; perhaps also night care for patients able to work but needing limited support or lacking suitable home arrangements; (d) emergency care on a 24-hour basis by one of the three above mentioned services; and (e) consultation and education to community agencies and professional personnel. These are the five essential services which a center must offer to qualify for federal funds under the Community Mental Health Centers Act of 1963, regulated by the United States Public Health Service. The regulations also specify five additional services which, together with the five essential ones provide a comprehensive community mental health program: (f) diagnostic service; (g) rehabilitative service including both social and vocational rehabilitation; (h) precare and aftercare, including screening of patients prior to hospital admission and home visiting or half-way houses after hospitalization; (i) training for all types of mental health personnel; and (j) research and evaluation concerning the effectiveness of programs and the problems of mental illness and its treatment.[42] Such a service revolves around the medically traditional

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[41] *Ibid.*, pp. 396-397. [42] *Ibid.*, p. 394.

inpatient-outpatient service and has much to be desired.

Partial hospitalization and emergency care represent highly desirable, indeed essential, extensions of the mental health services. But crucial for the disturbed person, the goal of community mental health programs should be to help him and the social systems of which he is a member to function together as harmoniously and as productively as possible. As a result, the mental health facility must work along side of and through the social systems in which people are embedded, such as family, school, church, neighborhood, social clubs, service clubs, and places of employment. Such a system is more practical and more readily specified, than the elusive concept of cure, which misses the point that for much mental disorder the trouble lies not within the skin of the individual but in the interpersonal systems through which he is related to others.

Current recommendations are that a person in trouble be admitted to the total mental health system and not to only one component of it. This is the point at which the Mental Health Service acting within the framework of the total understanding of the community and a broad spectrum of services offered by its facilities and the community service givers come to grips with the problem. This would facilitate movement of a person from one component to another, or a balance of treatment and/or involvement with minimum red-tape and maximum communication among the professional persons involved. Freedom of movement and of communication within the mental health system is a necessity for efficiency of its purposes.

It is essential that as the person is involved with the total

mental health system he be continually in touch with the whole therapeutic community. This means that the Mental Health Board attempts to involve every person at whatever level possible in and with the problems of the community, identification with group goals, the internalization of group goals, and with the use of the reality principle as a determinant of emotional behavior.[43] Both the service givers and the service receivers become involved with this process. The therapeutic effectiveness of the community is therefore dependent upon the capacity of all of its members to constantly learn, unlearn, change, try new systems, evaluate, and relearn.

A fifth aspect of the Mental Health Service would be the area of utilizing and developing community resources. The present and future shortage of trained mental health professionals requires experimentation with new approaches to mental health services and with new types of personnel in providing these services. The mere fact that recent changes in the concept of community mental health emphasizing total involvement of the community demands an experimentation in the utilization and development of those heretofore untapped resources right within our midst.

The national effort to improve the quality of life for every individual--to alleviate poverty, to improve educational opportunities, to combat mental disorders--will tax our resources and fall short of the goal if continued at the present rate. In spite of expanded

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[43]Albert F. Wessen, *The Psychiatric Hospital as a Social System* (Springfield: Thomas, 1964), p. 150.

training efforts, mental health programs will face growing shortages of social workers, nurses, psychiatrists, psychologists, and other specialists. The new legislation to provide federal assistance for the staffing of community mental health centers will not increase the supply of manpower but may result in some mere redistribution of personnel. (If adequate pay and opportunities for part-time participation are provided, it is possible that some professionals now in private practice may join the public effort, adding to the services available to people without reference to their economic resources.)[44]

The Mental Health Board can work at developing staffing patterns which would utilize to the fullest the professional and non-professional help that is available. Specific tasks sometimes assigned to highly trained professionals (such as administrative duties, follow-up contacts, tutoring for a disturbed child, etc.) may be assigned to carefully selected adults with little or no technical training. With little training and supervised practice, many persons could be placed in the role of a community mental health helper. Effective communication across barriers of education, social class, and race could be aided by the creation of new roles for specially talented members of the various groups within the community. New and important roles must be found for the various leaders of the community--clergymen, teachers, recreation workers, lawyers, government workers. Consultation, in-service training staff conferences, new programs, supervision are all devices that can be used to extend resources and service without

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[44]Smith and Hobbs, *op. cit.*, pp. 402-403.

sacrificing quality.

The same concept of utilizing and developing persons as a part of the community mental health service can be applied to many self-help and service oriented groups as well. For some segments of the community, help may not come in the form of a trained person who "comes in to give help." Help may only be received from persons or a group already "in" that can identify easily with the person, knows the problem, and can move him toward health. It is not always easy to identify the self-help groups within a community. Some of the more obvious of such groups are the Alcoholics Anonymous; Smokers Anonymous; Weight Watchers; Gamblers Anonymous: Narcotics Anonymous; Synanon; Parents Without Partners; Alanon; Naralon; Recovery, Inc.; and many other such helping groups. Some which may not be as obvious could include the hippies, some communes, and certain tribal type communities in which there is a mutual support in their survival needs. Many of these groups may not seem to have a direct bearing on mental health. However, they do exist for the survival and the happiness of their members. Some might not have to exist if the community itself would be more accepting of differences of life style, beliefs, or other criteria which has separated them from the rest of society.

Emanuel K. Schwartz sees it as being very important to take note of the operation of these self-help groups for in their structure, content and process we may find a great help toward the development of a larger over-all community self-help program for mental health. He

has extracted six important facets:[45] They include:

1. These organizations seem to promote a kind of family structure, a group quality. Although some of the groups function along autocratic lines, there are no authorities from above or from without. What is characteristic of these groups is the absence of real authority figures.

2. Since the psychodynamics of compulsions and addictions are related to rebellion against authority, parental and its extensions, many of those who suffer these problems seem better able to accept discipline and limits from their peers, who may in part be unconsciously perceived as symbolic parental figures. Distortion and confusion in communication with authorities seem to be a basic element in their psychosocial development.

3. A kind of religious or philosophical frame of reference is provided to the membership. The thrust for change comes in a horizontal not a vertical direction as a program of moral and spiritual regeneration through the peers is adopted.

4. Stress is put on truth and honesty. Since they come to the group admitting their weakness or shortcomings, they do not have to lie or cover up. The comradeship of the group provides a setting for confession, for catharsis, for asking for compassion from the community for his human helplessness.

5. Since the desire for self-evaluation must be artificially induced and cultivated, these organizations use training programs to develop a sense of responsibility as a consequence of honesty, directness, activity and industry. Discipline is a basic tenet of the work in these groups. Inner-directedness is sponsored and violence is frowned upon. Training in introspection and self-discipline represents a force against motoric acting out.

6. There is also a loss of uniqueness and isolation. The member is no longer along working with all odds against him. The involvement resulting from total association with others, the members of the group, supports each member in the belief that somebody cares; that those who care are less judgmental although perhaps more critical than professionals or others in authority; that those who care are continuously available whenever needed.

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[45]Emanual K. Schwartz, "Self-help Organizations: Lessons to be Learned for Community Psychology," in Bernard F. Riess (ed.) *New Directions in Mental Health* (New York: Grune and Stratton, 1969), II, pp. 51-54.

Other organizations and service giving groups can be a part of the mental health service within the community. Groups such as the Red Cross, Community Chest, the United Way, the Salvation Army, the Assistance League and many others seek to be of service to the needy within the community. The Mental Health Board cannot only help in directing their services to fulfill more of the needs, but they can also help to develop the group to broaden their quantity and quality of service. Other persons within the community would probably be interested in giving their time and talents to such an effort as mental health. Ways should be found to help utilize the services of responsible volunteers. The Peace Corps, the Vista program, Project Headstart have demonstrated to an often skeptical public that high level, dependable service can be rendered by this new-style volunteer.

Another source of resources for community mental health is that which lies outside of the immediate community. This brings us to the sixth aspect of the Mental Health Service which is not only to keep close ties with other services such as their own and other state, national and world organizations whose concern is mental health, but also to be alert to any sources of information, financial or personnel help, or project grants which may be of help to the service and to the community. In recent years much time, money and effort has been poured into community health projects by the United States government, by universities, foundations and special projects set up by various grants. In many instances the extras that are provided by these outside sources are the difference that makes possible a community's participation in such a venture.

Finally, the seventh aspect of the Mental Health Service is the planning and acting for change. This takes place on several levels, but with the purpose of developing a stronger and healthier program, environment, community, nation and world. An immediate need would be for the distinct attempt to meet outstanding needs through innovative and growth producing programs. It is this area that would take seriously the following statistics. Typical findings are:

1. Nearly half of the identifiable emotionally disturbed persons in the community receive no services of any kind, whether from psychiatric, medical or social agencies, the public or private sector.

2. One-third of the people identified as emotionally disturbed at the point of referral never arrive at the agency to which they are referred, and of those who do, only 1/2 received service.

3. The chances of middle or upper class people are at least 25 times greater of receiving effective psychotherapeutic treatment for their emotional disturbances than are the chances of similarly disturbed working class people.[46]

The goals of this aspect of the Mental Health Service would be interwoven with the other aspects, but would take as its prime concern the attempt to find ways to change attitudes, develop programs, open new and greater resources in order to meet the wanting needs of the overlooked groups, the groups that nobody wants, the groups that cannot or will not make known their needs.

Planning and acting for change would also involve the Mental Health Service, both directly and indirectly, in a program of social action. Such action would aim at reducing or destroying most of the sources of tension and mental illness by changing the social system

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[46] *Ibid.*, p. 48.

which produces them. Such social action should have the following objectives:

1. The avoidance of socio-cultural disintegration;
2. The maintenance of group standards of behaviour;
3. The elimination of exploitation of personal, racial, religious, cultural, and other differences for economic, political or other reasons as there is an indication that groups in which hostility and aggression are freely expressed have the highest prevalence of symptoms;
4. The creation of social programmes to promote the integrity of the family, group activities, and of other community developments to support the individual and his family;
5. The establishment of socially valuable objectives as goals for our society and recognition of the contributions of individuals to the achievement of these goals;
6. The development of programmes to clarify and ensure the place of the individual in our society;
7. The enrichment of the environment of children in all socio-economic-educational groups to permit the maximum development of their individual potential.[47]

Such programs of social action would necessarily involve all groups of the community. It would involve an extensive program of education, research, changing actions, changing values, and in the process always re-evaluating and redirecting the program.

The persuasiveness of the Mental Health Service should reach beyond the immediate community in its fight for mental health. It must carry out the same educational and change-oriented program with the county, state, national, and world leaders and groups who have

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[47]C. A. Roberts, "Is Primary Prevention Possible?" in F. C. R. Chalke and J. J. Day (eds.) *Primary Prevention of Psychiatric Disorders* (Toronto: University of Toronto Press, 1968), pp. 51-52.

control over the laws and government of the people. Of prime importance would be the Department of Mental Health, the Senate and Legislature, the Budget Authorities and all who would deal with bills representing the welfare of such a community mental health movement. Hopefully, this movement would be carried out to the extent that all departments representing the many areas of service-givers (courts, welfare, education, etc.) would become aware of the overlapping responsibility to help meet the needs of the individual.

CHAPTER II

THE CHURCH'S ROLE IN THE EMERGING COMMUNITY MENTAL HEALTH PROGRAM

Religion and the Whole Person

In the first chapter several definitions were given for "health," and specifically for "mental health" as it relates to our topic of concern. The broad and simple definition was that health was "wholeness." In the more specific definitions health referred to the ability of the individual to respond positively and creatively in awareness, response and relatedness to his body and its feelings, his mind and its thoughts, his environment both of persons and the natural setting, as well as his spirit and the fundamental reality that creates, undergirds, and sustains all of life (in essence, God). In this sense the concern for "wholeness" and health is closely related to what William James defines as religion: "a man's total reaction upon life."[1]

For many years the world of mankind was seen as existing on two levels. Reality could be divided up into two antithetical categories: the sacred and the secular, the divine and the worldly, that which was realized by revelation and that which was concluded by reason, that which was received by grace and that which was given by

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[1]William James, *Varieties of Religious Experience* (New York: Longmans, Green, 1917).

nature. As long as man was understood to exist between these two opposing levels of life he found himself being torn between the two, facing the dilemma of abandoning reality as a whole, and striving to place himself on one or the other level, while rejecting the other level as "evil," "wrong" or "unhuman." Within such a framework of thought, religion pertained to that which was recognized to be of God, the higher and more pure level. The other was the worldly, the lower, less desirous level. Such a view of life tended to destroy wholeness and produce in a person fear, anxiety, guilt and hatred.

In order to speak of "whole man" we must see that there are not two or more levels of life or realities for man, but that there is only one reality with many facets. Reality for the individual includes many spectrums of feelings, needs, thoughts, experiences, and desires. Man's peculiarity as man lies in his reflective consciousness, his ability to think, his awareness of events from a standpoint transcending the events themselves. As a result man asks questions and contemplates his knowledge, his obligation, his destiny and his own nature. The "whole person" is one who is able to be aware of his own being, persons and the world around him, and a growing perspective of time, space and the creative spirit of life.

Abraham Maslow, one of the founders of the human potential movement, describes human growth to be the person's moving from the basic physical needs into the needs for self-actualization.[2] This

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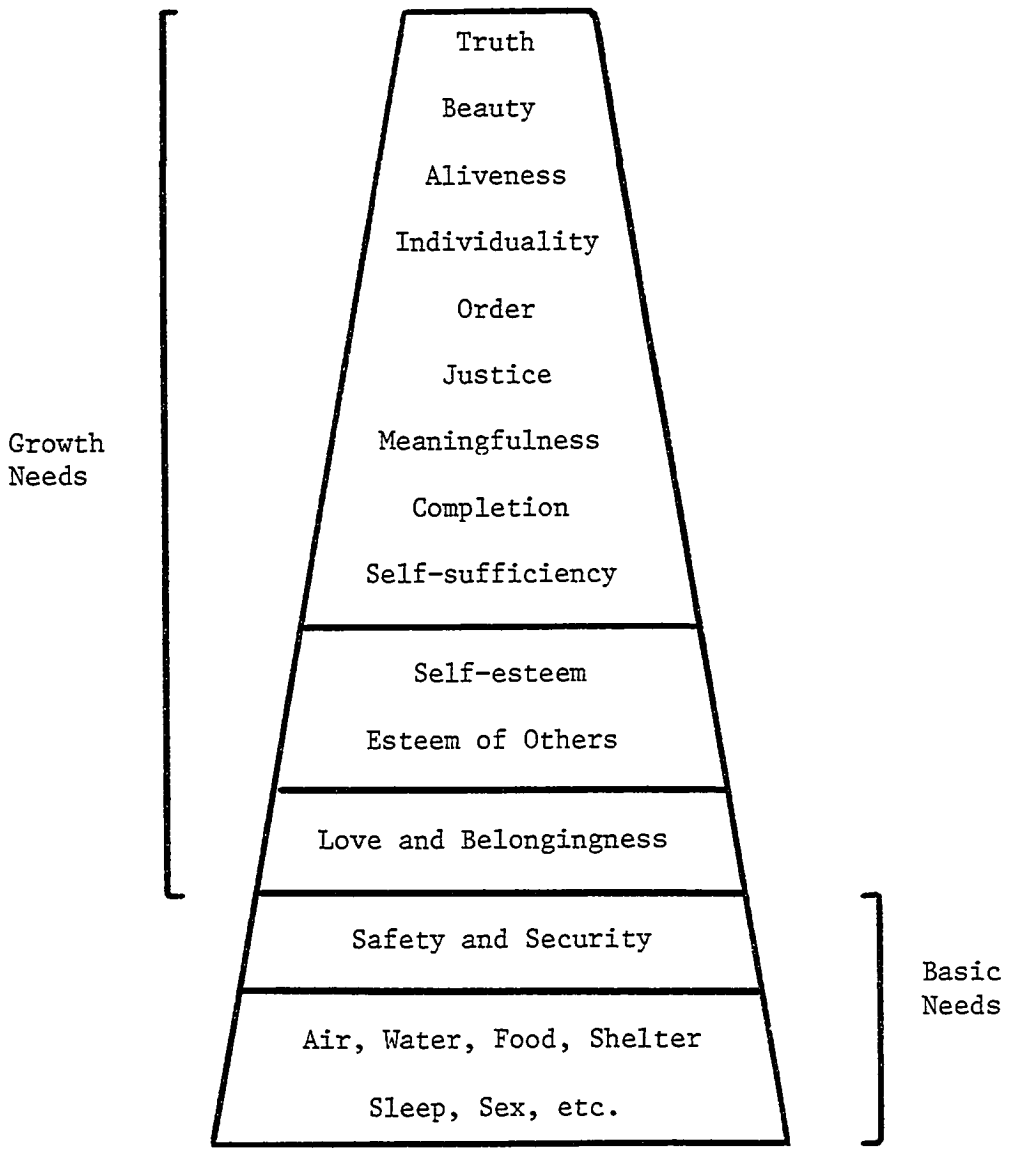
[2]Abraham Maslow, *Toward a Psychology of Being* (Princeton: Van Nostrand, 1968).

development he has diagrammed as follows:



According to Maslow, a person operates within the structure of these needs. As he reaches a point where the basic needs are cared for, when he no longer needs to worry about where he will live or what he will eat, he is then able to meet the needs of belonging and self-esteem. He is then free to seek out the means for love, to consider who he is as a person, to seek the completion of his life in meaningful activity

that enhances his own individuality.

Growth does not take place in a simple sequential order. As in Maslow's diagram, at given times in the life span of an individual, more attention is focused at certain points, while less attention is given to others. Thus, when the need to secure enough food to eat has been met, the focus may be altered to consider more fully the needs of the spirit. At the point that the basic physical necessities are being met, the inner needs are frequently met by resorting to a greater sense of dependency, the very opposite of independence and individuality that Maslow identifies as prime elements for "self-actualization." Positive and healthy personal growth takes place when dependency needs are met and can be replaced by individual freedom.

Frederick C. Kuether shows this development of the whole person in a different perspective.[3] He sees the person beginning at the infant stage, the Magic Level of Being. At this stage the individual's life is organized around four basic propositions:

> I am the center of the universe.
>
> Mommy and Daddy are here to meet my needs; (they are not people, they are objects).
>
> Everybody is my friend; (everybody is an object, a source of need satisfaction).
>
> Things will not change.

The experience of life on this level is a wonderful feeling. This level of being is not only occupied by children, but becomes the haven

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[3]Frederick C. Kuether, "The Images of Man and Their Religious Significance," in Hans Hofmann (ed.) *The Ministry and Mental Health* (New York: Association Press, 1960).

of refuge for older children, adolescents, and even adults when external conditions or internal disorganization are too anxiety producing and painful.

Eventually the human being, according to Kuether, moves into a new level of being: the Black-and-White Level of Being (that is, if internal and external conditions are favorable). His world has widened. He can bargain for what he needs: do some things for himself and pay (with dependency) for those things he cannot do for himself, or he can fall back into the magic level of being. The basic propositions of the "Black-and-White Level" include:

> The world is black and white (no grays), and I must stay on the white side.
>
> People are for me, or against me.
>
> If I stay on the white side, I will win (that is, I will get what I want).
>
> If I win, things will stay as they are.

We can see many of these propositions existing within our own political, social, national and religious lives.

The goal of the individual is to progress into the level which Kuether calls the "Wholistic" or "Existential Level" of being. At this level the person no longer needs his parents, or any substitutes for them, in order to survive. The four propositions that emerge which add meaning and value to life include

> I am Me: (I have discovered the boundaries of self).
>
> You are You: (I respect the boundaries of your self).
>
> We are human beings together: (We have similarities of experience and can communicate our understanding of each other; and we have differences and can tolerate those differences without seeing them

as threats to each other).

Things will change.

The person on this level of being accepts himself as he really is, accepts others as they really are, and knows that constant change is a necessary part of life. "In the knowledge that whatever his present state of being is it will eventually change, man becomes more able to participate fully in the here and now." This allows the person to experience the pain and suffering and frustration in the perspective that they shall pass, and that he can participate more fully in the pleasure, happiness and satisfaction of present experiences. "At the same time that he is living more abundantly in the here and now, man on this level is aware that each state of being has its own value and meaning and that it will gradually merge into another state of being which in turn has its own purpose."[4]

In the process of man's development, whether it be toward "self-actualization" or the "wholistic person," there is intertwined the whole religious quest. Religion is an ambiguous term. In essence it is used to refer to both the desire for and the process by which a person develops in his relationship to himself, his fellow man and to God. It is the religious perspective and awareness which gives the individual an identity, a sense of worth, a direction, a purpose, a strength and a sense of being a bearer of an ultimate destiny. Religion therefore is elemental in the person's achieving wholeness.

The area of religion has a different focal point than do the

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[4]*Ibid.*, pp. 79-80.

other areas of human concern. Art deals with the values that men experience by embodying them symbolically in various medias. It is used to heighten and clarify man's experiences. Religion, however, is unlike art in that it is not satisfied with the mere contemplation of value; it seeks a union of life with the value contemplated. Science has only a minor interest in values. Its chief purpose is to describe the connections between events and facts in the empirical world. Whenever it handles values it deals with them as facts in the scheme of casual description. Philosophy is an attempt to see life critically and whole, relating the various fields of human knowledge and experience as closely as possible to a single coherent perspective. Religion is unlike science and philosophy in that it seeks understanding in order to relate existentially to reality. In some ways science seems to try this very thing, but science seeks relationship with life through control while religion seeks a new quality of being through obedience to the ultimate order of things.

Even though religion has a different focal point than do the other areas of human concern, it is interwoven through them and overlapping them.

> Since, however, art, science, and philosophy also converge on ultimate human concerns, there is a sense in which they contain religious elements. Or to put it another way, religious experience may arise in connection with any and all human experiences whenever they 'touch ground,' whenever they unveil, if even for a moment, the awesome depths of human existence. But in all of these cases experience does not become fully religious until it stakes claims over the whole of life and demands that existence conform to the vision that has been granted. For religion is more than a vision of ultimate mystery and beauty; it is a lifetime

> effort to become one with them in the entire range of thought, feeling, and action.[5]

Religion is therefore essential to wholeness in that it brings together all aspects of human concern in a relationship that is developing toward fruition within life's process.

It is important to note in our study of religion and the whole person that religion per se is not always healthy and wholesome. Freud made an analogy between obsessional neurosis and religion by writing, "The true believer is in a high degree protected against the danger of certain neurotic afflictions; by accepting the universal neurosis (religion), he is spared the task of forming a personal neurosis." His religious dogmas are "neurotic survivals."[6] Certain practices of religion may be distorted by and as a result of feeding a person's neurosis. Leslie D. Weatherhead in his book, *Psychology, Religion and Healing*, gives these common neurotic distortions of religion: (1) Christian experience is misused to cover a flight from reality; (2) Christian experience is misused to provide a false security; (3) Christian experience is misused in a deceptive attempt to buy escape from the results of sin; and (4) Christian experience is further misused in the interests of the super-ego to produce a "holiness" that is self-centered and narcissistic.[7] Rollo May adds to this by saying,

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[5]John B. Magee, *Religion and Modern Man* (New York: Harper and Row, 1967), p. 38.

[6]Sigmund Freud as quoted by Leslie D. Weatherhead, *Psychology, Religion and Healing* (New York: Abingdon Press, 1951), p. 395.

[7]*Ibid.*, Section V, Chapter 7, "Is Religious Experience Itself a Neurosis?", pp. 407-420.

> We may conclude, therefore, that religion has a dangerous neurotic tendency whenever it separates one from, rather than strengthening one's attachment to, one's fellow men, whenever it appeals to one's cowardice more than to one's courage, and whenever it cramps and impoverishes life, thus destroying the possibility of living abundantly.[8]

Such responses are an abuse of religion. Distorted religion is both cause and effect. But true religion, namely a fundamental affirmation of the meaning of life, is something without which no human being can be healthy in personality. Religion is not only necessary for the development of the whole man, but is essential for treating those illnesses which have hurt or destroyed man in his relationship to himself, his fellow man and God.

Religion offers to the ill person the basis for gaining wholeness. It offers faith, the outreach of the self in the affirming, apprehending, experiencing of oneself, others, and life. It offers love, a generous goodwill (willing good) attitude that may be expressed toward all people. It offers hope, affirmation of the present which gives meaning and value to the future. Faith and love are the special capacities of man which make possible his dissociation from and transcendence of his genetic and cultural determinants and by which he may identify with and find his ultimate meaning in a humanity that transcends the physical and temporal.[9] Such perspective of life in its fullest becomes the basis by which the ill person may again regain

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[8]Rollo May, *The Art of Counseling* (New York: Abingdon Press, 1939), pp. 207-212.

[9]Guy L. Roberts, *Personal Growth and Adjustment* (Boston: Holbrook Press, 1968), p. 102.

his wholeness.

The development of the whole person is dependent upon his utilization of what we might call a mature religion. Gordon Allport has attempted to define mature religion from a psychological point of view. Magee summarizes his definition with the following terms. Mature religion is:

> *Comprehensive*--it joins all experience into a single meaningful system;
> *Really Ultimate*--it must be a reality which stands for the very best he can know or think;
> *Heuristic*--it must be a faith which will be a means of discovering more and learning more, a faith that teaches men how to transcend it shile remaining the same;
> *Growing*--it is never finished and can never be perfectly defined;
> *Tested and Reliable*--it has a quality of fixity that yields deep security coupled with maximum elasticity, an infinite flexibility and growing power;
> *Include Doubts About Itself*--it continuously criticizes itself (prophetic) and continuously reforms in the light of the new quality of being discovered, doubts are the means of clarification;
> *Informs Conscience and Provides Moral Guidance*--it inspires continuously evolving ideals and demands harmony between what men believe and what they do;
> *Gives Power to Actualize Human Posibilities*--it does more than inform the conscience or provide moral guidance, it gives life itself and the power to actualize the possibilities that conscience can envisage;
> *Provides Love and Courage*--it engenders, at its best, a universal openness and charity. Such openness invites threats from both within and without, it is impossible without a quality that Tillich calls 'the courage to be;'
> *Experiences Immediacy*--it transcends theory and system and at its best becomes a direct personal experience whereby faith is verified in feeling and willing, as well as in thought. It opens out into dialogue with the life-world in its fullness, leading to wonder, awe and glad receptivity.[10]

Having a mature religion as the basis and structural strength of one's developmental environment, the person can more readily become

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[10]Magee, *op. cit.*, pp. 266-268.

a part of the positive process which we can describe as healthy wholesome mature personhood. It develops within the person first of all an awareness of the difference between his real and authentic self over that of his conventional and really non-essential selves. Paul Tournier, the Swiss psychiatrist, distinguishes between the *person* and *personage*. The personage is the non-essential self, the mask which a person wears in his various roles in society. The real person is behind the mask, sometimes getting lost in the mask or the games involving the various roles that the personage plays. The mature religion helps to give the proper setting and environment of relationships which would encourage the individual to not only realize the real self, but risk to actualize and free it for "being" and "becoming."[11] Karen Horney and Fritz Kunkel also develop this understanding of the true self and the image of the self that has been developed by immature and neurotic elements of his environment.[12] The mature religion helps the person to maintain an awareness between the real and the role; it helps the person to retain a clear identity of his "self" and the courage to live it.

Awareness of the "true self" also brings about an awareness of that which is sickness and that which is healthy within himself. Such an insight is achieved within the framework of self-acceptance. The

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[11]Paul Tournier, *The Meaning of Persons* (New York: Harper and Row, 1957).

[12]For in-depth discussion of this refer to Karen Horney, *Neurosis and Human Growth* (New York: Norton, 1950) and Fritz Kunkel, *In Search of Maturity* (New York: Charles Scribner's Sons, 1943).

person can accept the real and the pretentious, the true and the sham, his fulfillment and his deficiencies, taking full responsibility for himself as he is and what he can become (within the framework of potential). Such acceptance is not self-justification, but a realism which gives the framework out of which the person may grow and develop into fulfillment.

Mature religion also helps to bring about an integration within the person. It helps the person find a meaning for life which gives full orientation: he knows who he is and what he is living for. Out of this integrated self is generated power to love and be loved, to relate freely and responsibly to the world in which he lives. Human existence is essentially relational. The integration within the person is extended to an integration with that outside of the self. This does not infer a conventional conformity or an amiable agreeableness. Rather, the love which characterizes the integrated person not only allows, but pushes him to reach out in relationship. Rollo May says that love means the reaching out and opening up the self (apathy, not hate, is the opposite of love), a commitment to affect and be affected by others.[13]

Another element which the mature religion helps to develop within the person is the capacity to make decisions and to live with the tension that such decisions may produce. This may include the rejecting of certain goals for other more significant ones within the person's priority of values. It may be the postponement of certain

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[13]Rollo May, *Love and Will* (New York: Norton, 1969).

satisfactions. Or it may be the encountering of struggle and suffering, accepting it as an inevitable part of life and using them as a means of growth.

Coupled with decision making is the presence of freedom joined with a high sense of responsibility. The mature religion helps to create for the person an environment in which his creativity is allowed to be freely expressed, to flow as an expected part of self-expression. The main limitation to his ability would be a responsibility to the goal and direction of a Higher Order, the Purpose and Spirit of all creation. Responsibility, a concept basic to Reality Therapy, is defined by William Glasser as "the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs."[14] We could say then that a person, given a suitable environment, is able to exercise his "response-ability" in a creative and meaningful way. Freedom is that real nature of spirit, the source of creative action.

Mature religion is an important framework out of which the person develops those high level personal attributes which relate closely to what we refer to as man's spiritual nature. His mature personhood, his creativity, his transcendence, love and faith are all strongly related to man's religious framework. It is out of this area of man's existence that we find an added source of strength, inspiration, and aspiration. As Herbert Otto has written:

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[14]William Glasser, *Reality Therapy* (New York: Harper and Row, 1965), p. 13.

> From another perspective, man's spiritual concerns and values can be experienced by him as a source of strength, inspiration and aspiration. Man's interpretation of his *relatedness* to the universe, to all things, to life and living (and in turn, the process of building and forming such a relatedness) can be a source of fulfillment and a means of constant growth and development throughout the life cycle. Man's spiritual potential can serve as a matrix for constant growth. . . .[15]

Religion and Psychology Team up for Health

For the past several decades a highly instructive dialogue has been carried on between the areas of theology and psychology. The conversations have been mostly in the realms of, "What does the other field have to offer to better increase our particular discipline?" It seems that theologians were involved with the search for truth about God's essence and objective reality while the psychologists were involved with the psychic structure of the individual. More recently the dialogue has begun to be carried on in the understanding of religion and psychiatry as a team for health rather than as two opposites working from different ends of the human spectrum.

Modern man, having broken his primary bonds to nature and developed his individuality, finds himself isolated, alone and anxious. The contemplation of the future, of his own destiny and of his finiteness contribute toward making him more anxious. His search takes him into both the secular and the religious. He looks to both the psychological sciences and to religion to help him solve his problem of meaning and anxiety. As a result the both disciplines have been forced

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[15]Herbert Otto, *Explorations in Human Potentialities* (Springfield: Thomas, 1966), p. 415.

out of their separate domains into an overlapping area of concern and service. Thus psychiatry is no longer confined to the mental hospital and religion is no longer confined to the command to be a nice person and follow the Golden Rule.

> No person can talk about the anxiety and the love and the hatred of human beings without giving some thought to the nature of man. One cannot have a definite set of beliefs about the origin and destiny of man without being haunted by the mystery of human anxiety and guilt.[16]

The impact of psychology upon theology has probably been clearer and more dramatic than vice versa. Such influence is evident in the previous coverage of "Religion and the Whole Person." But at the same time it is true that theology has had a great deal to do with shaping the culture of the West in which psychology has been bred, and its effects on psychology have therefore been significant, thought perhaps not as obvious.

Hunter Wood, in an article, "Constructive Collaborators: Religion and Psychology," lifts out five important areas in which theology has made contributions to psychology. The first of these is the ontological basis of complete acceptance of the person; it has been the basic underlying proclamation of the Christian Church for centuries. This central theme of the Gospel has become a premise of psychotherapy--human value, despite human failure and brokenness. Secondly, theology may be said to have offered to psychology, especially in its more existential wing, a fuller notion of human freedom.

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[16]James A. Knight and Winborn E. Davis (eds.) *Manual for the Comprehensive Community Mental Health Clinic* (Springfield: Thomas, 1964), p. 149.

The idea of freedom as the removal of restriction or the abolition of restraining boundaries has always been presented by theology in conjunction with responsibility and commitment of self to someone or something outside oneself. Upon this basis psychology has brought the idea of insight--discovering what the specific confining forces are. Thirdly, to the dominant mainstream of psychology and psychoanalysis (with its fairly mechanistic notion of man) has been added a view that not all human behavior can be predicted or is inevitably determined prior to its actual occurrence. Fourthly, theology has influenced psychologists to return to the positive uses of values and guilt, endorsing values skillfully used and separating from them the highly destructive elements usually present in guilt. Finally, theology has added to the dialogue the concept of what normative human wholeness is. While psychology was focused more on the realm of psychopathology, theology went beyond to work at developing ideals or models of personhood, a positive goal for the working with illness.[17] These contributions are essential not only to the on-going relatedness of religion and psychology, but to the church's understanding of its role in the community mental health movement.

In a sense, psychology and theology are both defined by their methodology, by their frame of reference, and by the community of shared experience out of which values are derived. Each of the disciplines is complex and seldom does one find a person who has devoted

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[17]Hunter H. Wood, "Constructive Collaborators: Religion and Psychology," *Journal of Religion and Health*, II: 2 (April 1972), 121-125.

the time and energy requisite for mastering both. Beyond the problem of competence, subject matter and methods there arises the differing concern of both disciplines: the relation between scholar and subject matter. By definition, psychology requires detachment, or at most participant-observation which involves "calibrating one's biases." Theology, on the other hand, arises from a commitment shared with a community of faith out of which the theology arises and to which it is directed."[18] It is out of this very tension, between detachment and commitment, that we find again the complex reality with which we must deal.

One of the more recent points at which psychology and religion have found common bond has been in regard to their interpretation of and participation in the secularization process of the modern world. Several theologians (particularly Bonhoeffer and Teilhard) have taken significant initiatives to reformulate radically our questions on a theology of the *saeculum* (the world, this present age).[19] David McClelland has seen an alternative to the "antique theology of the Christian Church" to be that of "finding God in the healing power of the analytic." Whatever its implications may be, "psychoanalysis is above all a continuing testimony to a 'power not ourselves that heals.'"

Viewed in this light, psychoanalysis, as a secular religious

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[18]William Douglas, "Psychology in Theological Education," in Hofmann, *op. cit.*, p. 90.

[19]Thomas C. Oden, *Contemporary Theology and Psychotherapy* (Philadelphia: Westminster Press, 1967), p. 13.

movement, fulfilled an historic, religious function which the church was not fulfilling, and probably was able to do it better because it was openly antireligious.[20]

Thomas Oden sees Bonhoeffer's theology of secularization as being a great contribution toward a potential reframing of the issues between contemporary theology and psychotherapy. Such a transformation could be based on the following concepts:

1. The presence of an 'unconscious faith' among men who do not realize it, which 'may never be captured by reflection,' but which nonetheless 'rests on the objectivity of the event of revelation.'

2. Worldly processes. . .be 'emancipated for true worldliness.' Such a process will elicit from the church grateful acknowledgment of the grace of Christ in the midst of worldly relationships. . . .

3. Recovering the concept of the 'natural,' as 'the form of life preserved by God for the fallen world and directed toward justification, redemption and renewal through Christ.' . . .the natural moves toward health, fulfillment, and the embodiment of divine love. . . .

4. An ethics of formation, i.e., of Christ taking form in us. . . not the forming of ourselves, or formulating plans, programs, or policies to shape the world, but instead God's own love taking shape concretely in our midst, becoming embodied in interpersonal relationships, assuming living form in the flesh. Such formation is not a product of our initiative but takes shape in our willing response to God's initiative.

5. A 'relative autonomy,' or perhaps more descriptively, a Christocentrically interpreted autonomy, for secular processes. Psychotherapy, as a case in point must be invited by theology to function in terms of its own self-directed way of operation without constant theological intrusion, although it is not in the last sense fully interpretable from within its own limited framework.[21]

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[20]David McClelland, "Religious Overtones in Psychoanalysis," in Hofmann, *op. cit.*, p. 61

[21]Oden, *op. cit.*, pp. 21-27.

Among the numerous attempts of the last two decades to relate theology and therapy, three figures stand out above all others: Paul Tillich (Theology of Culture), Eduard Thurneysen (Kerygmatic Seelsorge) and Seward Hiltner (Operation-Centered Pastoral Theology).[22] Of these Oden writes:

> It is especially unfortunate, if these are indeed the prevailing options, that none of them has embodied the core thrust of what we are calling worldly theology, with its high Christology and worldly conception of the Word of God, characterized by a determined refusal to see the world apart from Jesus Christ or Jesus Christ apart from the world. In each case the promise of an exegetically sound, confessionally congruent, guilelessly open dialogue with therapy has been aborted, either by thinking in terms of two spheres (Thurneysen), or by diluting the eventful character of the accepting reality (Tillich), or by reducing Christology to a purely functional matter (Hiltner).[23]

In reviewing the many theological voices of the past decades, each was speaking to a specific need or weakness and each was proclaiming a certain understanding or system which helped the specific deficiency. Each theologian took a place within the gradual growth/development process of man's religious quest. Generally, each has brought us closer to the point where dialogue with other disciplines has been increased and relatedness has emerged. Probably more than ever we are at a point in time when the fields of psychology and religion are open to and wanting the further development of working together in the effort of dealing with human and social illness as well as effecting growth and health for all persons.

The relatedness of psychology and religion has affected the church's concept of its role in the concern for development of

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[22] *Ibid.*, p. 55. [23] *Ibid.*, p. 54.

wholeness of persons and mentally healthy communities. This effect is generally seen in two specific areas: first, in regard to developing wholeness among its own members; and, secondly, as it shares in the mission of developing wholeness throughout the surrounding community.

The Church--An Environment for Wholeness

The Church has for centuries been a response of persons in an attempt to better understand and relate to the world about them, to their fellowman, to their destiny, to time, and to space. The Church has been the response of persons to a specific event, the Christ event, to a specific realization experienced within the framework of the human situation and human needs. As a result, the whole conception and development of the Church has been based on the importance of right relationships--to self, to fellow-person, to world and to God. The Christian Church as a response is dependent upon a concern about relationship.

As is the case with persons in relationship, as the various concerns and experiences became a commonly held concern, certain "forms" emerged. Every historic religion is characterized by a creed, a cultus, a code, a church and a culture--an institutionalized form of that religion which seeks to preserve and promote its common concerns and experiences. Since the perspective of religion with which we are dealing must include freedom, flexibility, growth, change and conversation, we are intentionally avoiding the "concrete forms" of religion within our discussion.

The faith expressed in the Bible places a strong emphasis on

the relation of the individual to the group. Vital religion does not speak of the individual apart from others and from God--reality includes the total relationship. God created man in community. It is always in the Christian fellowship that God is experienced, which the Bible interprets as the activity of the Holy Spirit. Redemption, though a personal matter, takes place in and through a society of persons who are experiencing a common faith.

The church of the New Testament was a group or community in which the members found the deepest sense of belonging and fellowship with their fellow Christians. Paul Maves describes the group or community life of the Church in relation to mental health, by showing the need and nature of group life and the nature of the early Christian congregation as a *Koinonia* (a community of sacred love).[24] He calls attention to the fact that until recently the trend was away from this close interdependent communal relationship, but now has returned toward some of its implications. He says:

> First, every person who seeks membership in the Church will be related to a small, intimate, face-to-face group which will meet frequently over a period of time and in the spirit of *agape* for fellowship, study, worship, and service. . . .
>
> Second, these groups will be person- and need-centered rather than exclusively task-centered. . . . Within these groups they will find themselves respected as persons rather than as productive machines or centers of power, and they will find understanding, sympathy, and compassion. . . .[25]

James Anderson, in an article entitled "A Climate for Health,"

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[24]Paul B. Maves, *The Church and Mental Health* (New York: Charles Scribner's Sons, 1953).

[25]*Ibid.*, p. 94.

has recently challenged the present real goals of the churches as well as the environment they now present to their members and the community. It is his feeling that the congregations have lost sight of their main functions as an organization. As he worked with many groups with the various congregations, he asked them on the one hand to describe the characteristics of a healthy organizations. On the other hand, he asked them to describe the attributes of the church as they knew it. The lists were as follows:

A Healthy Organization	The Church
People's feelings are important	No sharing of feelings although such feelings are operating
All norms are open to examination	Don't rock the boat
Able to look realistically at itself without justifying or denouncing change	Answers to problems looked for in tradition and scripture
Decision-making close to the sources of information	Decisions made on basis of how they meet the needs of small, inner core
— — —	— — —
Broad base of ownership by members	Meeting community inclusion needs, association needs, affilation needs .
Persons external to the organization are useful	Blaming, placating, rationalizing, avoiding are ways of dealing with conflict
Conflict can be useful and is a given	Legitimizes cultural preferences
	Passive-dependent behavior more acceptable than aggressive-independent[26]

[26]James A. Anderson, "A Climate for Health," *Colloquy* (January 1973), 24.

The listings of the groups are probably very close to the existing situation of most congregations. However, in spite of its many shortcomings, the church is one of the most conducive environments in which to develop a program toward the interest of the wholeness of the person.

Howard Clinebell has listed eight significant personality needs that religious groups meet which makes for positive mental health. These personality needs include:

1. The need for an opportunity to periodically renew basic trust is satisfied by religious groups through corporate worship, symbolic practices, sacraments, and festivals.

2. The basic need for a sense of belonging is provided by meaningful involvement in religious groups.

3. Religious groups also provide an opportunity and resources for meeting the crucial need for a viable philosophy of life.

4. A related need is for a humanized view of man, i.e., a doctrine of man which emphasizes his capacity for decision, inner freedom, creativity, awareness and self-transcendence.

5. Religious groups can help satisfy the universal need for experiences of transcendence, providing vacations from the burden of finitude (the sense of being caught in nature with its sickness and death), and the tyranny of time.

6. Support of individuals and families in both the developmental and accidental crises of living is another need-satisfying function of religious groups.

7. Religious groups can meet the need to move from guilt to reconciliation utilizing the time-tested pathway to forgiveness--confrontation, confession, forgiveness, restitution, and reconciliation (restoration of the broken relationships).

8. Religious groups can help meet the need of persons to be instruments of personal growth and social change.[27]

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[27]Howard J. Clinebell, Jr., "The Local Church's Contributions to Positive Mental Health," in his *Community Mental Health* (New York:

As a congregation forms its program around these needs, it becomes an essential facility to the promotion of mental health and the treatment of mental illness.

The worshipping community of the Church has long been regarded as one of the essential expressions which seeks to meet needs. Worship involves both the inward, personal experiences and the external world. The experience of worship attempts to make the meaning of God real and actual. In order to worship, to grasp the meaning of God, and to make an appropriate emotional, intellectual and volitional response to that meaning, each person must face and work through the emotional obstacles within himself. This will allow him to gain insights into himself and the relationships that he has with himself, others and God. Worship, within the context of the Christian community, produces positive values, attitudes, feelings, and decisions which will affect the person's own functioning as well as his relationships and actions in life.

Besides worship, the Church also functions as a positive force in the mental health concern through its educational programs. Programs through the Church School, the various organizations and the individual contacts are definite influences to communicate healthy ideals, goals, understandings, facts, etc. to its membership. Such programs could involve all aspects of the individual's needs and life, and help him to become more able to respond in a responsible way.

The real authority, the real teacher, resides in the actual behavior which is stressed and sanctioned by the social system in which

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Abingdon Press, 1970), pp. 47-53.

the person lives. As a result, the strength of the church is greatly tied up with its fellowship. It is through the sharing of self: feelings, thoughts, experiences, goals, concerns, needs, etc. with others within an atmosphere of acceptance and understanding that a much needed sense of belonging develops. It is through such a sense of community that the expressions of new insights, different actions and new thoughts are given trial run. In order to meet these needs, it is essential that a structure of small groups and even the regular groupings be provided with the designed effort to provide involvement, acceptance, personal growth and sharing, and a sense of belonging.

Throughout the development of such a person-oriented program the pastor plays an important role. Not only can he provide ideas and guidance, but he can be a great influence through his example of acceptance, understanding and relating to the members of the congregation. Many pastors may also be trained to deal with the more complex personal problems as well as the personal and social illnesses that present themselves through the course of his ministry. Not only is it important for the pastor to help in the development of a health-giving program within his congregation, but he must also be aware of resources outside of the congregation which might be helpful or necessary to meet the various needs of the members.

The bulk of the work involved with developing a congregation to the place of being an environment for wholeness is dependent upon the participants of that community, every member of the congregation. To be a healing fellowship and a growing fellowship, every member must be committed to the process of love, growth, freedom, responsible

relationship and an ever moving process of maturity. It is a total, on-going, evolving process.[28]

The Church--A Mental Health Helper in the Community

It is different to concisely determine where the line of demarcation separating the Church and the community begins and ends. In the previous pages our concern has briefly reviewed the matter of the local congregation as a fellowship or a community in itself, providing an environment supportive of mental health and personal wholeness. But when you scatter approximately 124 million members of nearly 320,000 churches and temples[29] throughout the nation it is even more difficult to separate the image of church and community.

The message of the statistics is pushed even further when we realize the direction and the mission of the Church. Those who recognize and respond to God's call of servanthood are to become "the salt of the earth"[30] to be scattered over the earth to savor the life of all and to be "seeds" scattered over the earth to "bring forth grain, growing up and increasing and yielding thirtyfold and sixtyfold and a hundredfold,"[31] and "the light of the world," to "give light to all in the house."[32] The fellowship of the church becomes means--community

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[28]The subject of mental health within the congregation is more thoroughly covered by Howard J. Clinebell, Jr., *Mental Health through Christian Community* (Nashville: Abingdon Press, 1965) and Richard V. McCann, *The Churches and Mental Health* (New York: Basic Books, 1962).

[29]Clinebell, "The Local Church's Contributions. . .," p. 47.

[30]Matthew 5:13. [31]Mark 4:3-8. [32]Matthew 5:14-16.

toward the main purpose of living as a servant in the extended community, the world.

The church's mission is to become "the salt," "the seed-Word," and "the light" to and in the world to bring about the development of a greater awareness of life and to life as God has purposed it. The church's mission, then, is to help the individuals and the secular processes of the world understand themselves in a deeper theological dimension, and to celebrate the divine matrix in which they exist.[33] Bonhoeffer states it by saying, "the goal is not to 'Christianize' the state, economy, or the healing process, but instead to help them function toward their proper ends of justice, production, and health."[34] Again in his *Ethics* he writes, "the purpose and aim of the dominion of Christ is not to make the worldly order godly or to subordinate it to the Church but to set it free for true worldliness." In order to clarify his point he continues,

> The emancipation of the worldly order under the dominion of Christ takes concrete form not through the conversion of Christian statesmen, etc., but through the concrete encounter of the secular institutions with the Church of Jesus Christ, her proclamation, her life.[35]

Thus we see the underlying function of the church to be the permeation of the community, confronting it with and sharing with it a deep understanding of life in all of its fullness.

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[33]Oden, *op. cit.*, p. 125.

[34]Oden's reference to Bonhoeffer's work, *No Rusty Swords*, in *Ibid.*, p. 22.

[35]Dietrich Bonhoeffer, *Ethics* (London: SCM Press, 1955), pp. 293-294.

To share one's soul involves a risk. To do so makes one vulnerable to all of the outside beliefs, values, forces and criticisms. As a result, the church frequently experiences a conserving, protecting reaction of withdrawal behind the various skirts of institutionalism and denominationalism. H. Richard Niebuhr points out that our protective responses have resulted in religious divisions stemming in large part from the ethnic, regional or sociocultural divisions that exist in the secular society and that conditions our religious institutions.[36] If the faith and life of the church is to have a proper role in developing the ultimate concerns of community life and in offering the needed guidance and help in personal and social concerns, it must be released from the limitations of institutionalism and denominationalism to become in essence the Church.

Magee summarizes the role of the church in society as:

> It should first of all keep clearly before itself the nature of its own ultimate commitments--the faith which alone justifies its existence in history. This it must do throughout the whole range of thought, worship, and life itself. It must first of all be the Church, not merely some minor aspect of the culture in which it thrives. Beyond this it should itself be a model of open human dialogue--a true fellowship of human beings under the sovereign love of God. In this role it would serve as an example of the kind of brotherhood and perfect justice that ought to prevail throughout the secular society in which it lives.[37]

But the church cannot live only to itself. It must develop within its member an aliveness that demands courageous creativity within the larger community, responding to individual and social needs, helping

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[36]H. Richard Niebuhr, *The Social Sources of Denominationalism*, (New York: Holt, Rinehart and Winston, 1929).

[37]Magee, *op. cit.*, p. 326.

to promote growth and development. If the church becomes too engrossed in its limited cultural interests and fails to respond to the changing community, it becomes an enemy of its own true existence and of the true interests of the rest of humanity.

The church is continually called upon to walk the fine line of providing contemporary man norms which free his creativity and destroy the inhibitions which reduce his personhood on the one hand, but which on the other hand are coherent and concrete enough to provide a solid perspective from which to understand and make judgments on life. This means that in one way it must be open enough to promote and develop the expression of man's humanity and yet, "it must also have enough body and definition to withstand the anti-normative tendencies of our time."

> Our vision of the life God has given us the freedom to grow into must be both flexible enough to exploit the rich promise of that freedom and coherent enough not to dissolve under the pressures of our time and thus allow our freedom to revert to chaos.[38]

The essence of the church's role in the community is the sharing of its uniqueness, that is, its faith, its understanding of and response to life as well as its strength and direction of commitment, with the actual, concrete life of persons. Kenneth Mann has summarized the mission of the church in the community to include: (1) the church's primary commitment to a theology of transcendence, as well as immanence; (2) the church's concern for individuals, not just society at large; (3) the church's involvement with the basic

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[38]Myron B. Bloy, Jr., "The Christian Function in a Technological Culture," *Christian Century*, I (February 23, 1966).

institution of the social order, the family; and (4) the church's engagement in constructive community programs.[39]

Mental health has always been a concern of the church, not as a goal in itself, but as the result of its goal to "increase among men of the love of God and neighbor."[40] Its ministry has been that of working for wholeness within persons and among persons, as well as moving persons from hurt, anxiety, fear, guilt, and other destructive forces to fulfillment. For centuries the church had been the "community" out of which the individual received most of the main nourishment of life--education, social, recreational, healing, economic, as well as religious. Now the society and community has become enlarged, and many of the life needs are being met by other institutions and sources within the community. The church, however, is left with the basic religious needs that overlap into all other aspects of life.

The church has remained in a significant role of mental health promoter in the community. In the study, *Americans View their Mental Health*, it is reported that 42% of all persons who sought help turned to clergymen, 29% went to physicians, 18% to psychiatrists or psychologists, and 10% to social agencies or marriage clinics.[41] Along with the fact that a large percentage of persons sought out the church as a

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[39]Kenneth W. Mann, "The Mission of the Church in a Drug Culture," *Journal of Religion and Health*, II, 2 (October 1972), 330.

[40]H. Richard Niebuhr, *The Purpose of the Church and Its Ministry* (New York: Harper and Brothers, 1956), p. 31.

[41]Gerald Burin, *et. al.*, *Americans View their Mental Health* (New York: Basic Books, 1960), pp. 305-307.

help giver in the community is the basic fact that man is by nature a religious being, an essential element within the mental health concern. The church has a responsibility to the 95% of our population who say they believe in God and have religious forces, both positive and negative, at work within their frame of reference.[42] This is not to say that the church is also responsible to the other five percent, for though they are not a part of the confessing "believers," they are an essential part of the community.

Moving from the basis of the church's involvement in the mental health concern of the community we are faced with the practical aspects of that involvement--the role of a community help-giver in the mental health concern. First, is the shared responsibility of increasing communications, awareness, openness and trust among persons and groups within the community.

In the polygon of relationships within the community, adequate communication is of vital importance. One of the main goals of the Mental Health Board, the various organizations of the community (including the church) as well as its groups must be the concerted and persistent effort to improve the communications within and without themselves. Such an effort would include "listening" to the needs, views, feelings, goals, values, etc. of other persons and groups. It would be a process of becoming more aware of the other and working at an acceptance of his personhood or a group's "grouphood." Before a relationship can be established, both parties must know "where the

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[42]Knight, *op. cit.*, p. 143.

other person is."

Another effort in the goal to increase communications is in the sharing of the "self." All communication is a two-way street. It involves not only listening, but sharing. It is the risk of exposing oneself to the other, opening to the other one's own needs, views, feelings, goals, values, etc., as a part of the concerted effort to grow in awareness, understanding, acceptance, and closeness.

The church can directly participate in this endeavor through its own person to person, person to group, and group to group relationships outside of the church program itself. Both the pastor and the layman can exercise their "saltness" through their risking and listening within the formal structure of the Mental Health Board and Services, as well as the informal meetings during the course of the day. Avenues of communication must be developed in order to work through the barriers and obstacles of relationship and wholeness. Not enough can be said for the necessity of good communication, it is the essence of relationship.

The second shared goal of the mental health helpers is that of education. By this we do not mean the formal education given to our youth by the schools, churches, and other information giving groups. These are only a part of the total educational structure of the community. It includes the passing on of cultural values, life styles, personal and group goals, individual and group identity, the sharing of facts and feelings and expectations. The real teacher, the real authority of the community, resides in the actual behavior which is

sanctioned by the social system in which the person lives.[43]

The church's role in the educational responsibilities of the community resides in both effecting better ways of transmitting the materials, and in selecting of the materials to be communicated. For instance, let us take the family structure as one of the main educators of persons as an example. The church, along with the school, the various community groups and agencies, professionals, and individuals of the community can help non-effective parents improve their ways of parenting (thereby improving their effectiveness as parental educators) but also work at helping them to be selective with their materials communicated so as to help build such qualities as self-esteem, trust, constructive discipline, and creativity. In such an educational endeavor, not only would the child be strengthened, but the process would also include the growth and development of the parents, the neighbors, and all of the persons involved.

Bindman lists some of the main techniques and methods of mental health education to include:

1. Mass media--information, orientation; public relations, community awareness and attitude
2. Lay workshops and groups--parent education, neighborhood groups, school groups, civic groups, etc.
3. Professional workshops and groups--work with key people--educators, nurses, courts, social agencies, physicians, lawyers, etc.
4. Integration with consultation and clinical services--'anticipatory guidance,' the intake interview, the school consultation,

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[43]Anderson, *op. cit.*, pp. 24-25.

casework with parents, etc.[44]

Such techniques and methods, though essential, are very limited. The church and the other help-givers of the community must be inventive and persistent. They must work at improving the old ways and/or getting rid of those that prove to be ineffective. They must work at reaching the persons and groups often isolated or withdrawn from the main flow of the life of the community.

A third goal shared by the mental health helpers includes the many aspects of dealing with illness. One of the basic changes necessary must be in the increased efforts and changing attitude toward the total area of primary prevention. The concern for primary prevention overlaps all of the various areas in regard to the development of the whole person. It includes the increasing of communications, the development of a positive educational program, the developing of healthy attitudes and goals, helping persons better cope with the destructive forces that play upon them, developing social institutions and groups which will foster growth and development and many other actions which are designed to meet the needs of all persons within the community. Not only are these programs designed to meet immediate needs of individuals to help them maintain and develop their wholeness, but they must also include the working toward the elimination and change of those conditions which tend to produce mental illness. This will be discussed further in this chapter under values, change agent, family

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[44]Arthur J. Bindman and Allen D. Spiegel (eds.) *Perspectives in Community Mental Health* (Chicago: Aldin, 1969), p. 186.

and self-help groups.

The church plays a vital role in primary prevention in that it, along with some of the other major social institutions of the community, have the greatest weight in regard to the development of the person's and the community's identity of itself and actions. The church and school are directly or indirectly two of the main teachers of how to deal with aggression, anger, hurt, loss, sexuality, competition, criticism, relationships, etc. In dealing with such a cross-section of persons within the community, the church can well use its sensitivity to human needs by bringing to a community consciousness in the areas of need. The church is also one of the traditional helpers of the community and can, in cooperation with the rest of the helpers of the community, provide various activities, groups or programs designed to help meet personal needs, develop growth and relationship, and change detrimental social systems, goals, and attitudes.

Another concern regarding the response to illness is the mental health helper's involvement with secondary prevention. Since this area deals with the early detection of emotional problems and corrective measures toward resolving them, the level of secondary prevention leans heavily upon both the alert and aware layperson and the professional helper. Through the educational program and the community awareness of signs of emotional problems, family members, neighbors, group members, community leaders, teachers and professional persons may give help to a person in distress which would direct him to receive the necessary help.

Two of the main changes that must be seen within the area of

secondary prevention are the educating of the persons of the community at both a deeper level and a broader level in regard to mental health and illness, plus the developing of closer inter-professional relationship and cooperation in regard to treating the whole person. The first, as was discussed in previous pages, is dependent upon an inventive and revolutionary program to supplement present ways of educating persons in regard to mental health. It is also dependent upon reaching many segments of the community which heretofore had been unreachable, neglected or rejected. The second change poses a more difficult problem. One of the main barriers which has existed over the past years in regard to the development of a mental health community program has been the personal jealousies, differing opinions and inter-professional feuding existing between the various professional helpers. The clergy has been just as much in error at this point as have the rest.

The church can be a great influence in meeting the existing needs within the level of secondary prevention. It can use its mediating, educating, accepting, uniting attitude and experience through the Mental Health Board workings in developing an atmosphere of cooperation. It can through its members and the clergy provide agents of reconciliation in areas where prejudices and animosities exist. Through its own involvement through clergy and professional members, it can both present an example of love and cooperation as well as challenge growth and development in this area on the part of others.

The church and its organizations may play an active part in a

person's recovery from emotional crisis or distress in a direct way through: (1) pastoral counseling if the pastor is an effective care-giver (in situations of immediate crisis or in the early stages of a developing emotional crisis) or if he has specialized training; (2) special church related human development centers which provide professional counseling and psychological services; (3) special groups which are designed tc meet special needs within persons usually led by or under the direction of a professional person; (4) the regular supportive relationships which are needed to supplement the professional help and to provide the environment for growth and development.

What is very essential to the whole area of secondary prevention within the new community mental health program is the emphasis of the cooperation in regard to the referral process, the diagnosis, the treatment, the support, the follow-up, the reestablishing and the caring for the whole person. This will demand much on the part of the persons in the person's personal world, on the professionals working with him, on the groups with which he associates, and especially with the communication center of the Mental Health Board.

Closely correlated to the secondary prevention is the area of tertiary prevention. Again, one of the main emphases of mental health helpers must be in not only treating the illness, but the whole person whose "wholeness" has been broken by something in his life. To this very end the church and all of the care givers of the community can influence the direction of the care given so that all aspects of the person are kept in concern, not just the area of illness.

Much has been written in regard to the treatment of mental

illness within our system of mental hospitals. In recent years new programs have been attempted in the area of tertiary prevention. Of these some of the more promising are developing a therapeutic community within the hospital, developing smaller special care communities outside of the hospital closer to the immediate community of the patient, and the development of different types of out-patient clinics supported by special treatment groups under the close supervision of specialized professionals. All of these programs attempt to not only leave the patient within a context of a community, but to use community participation as a part of the "cure" of the sickness and the method of returning the person back to a functioning within society.

Wessen has done an elaborate study on the hospital systems as effective therapeutic communities.[45] The effectiveness of the therapeutic community is dependent upon the capacity of the patients and the staff members to learn, unlearn, and relearn and includes:

1. Involvement of the individual in and with the problems of the community;
2. Identification with group goals;
3. The internalization of group goals; and
4. The use of reality principle as a determinant of emotional behavior.[46]

From this study we can conclude that to merely institutionalize a patient may take him out of society and make him less a threat to the community, but does not necessarily help at returning him to

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[45]Albert F. Wessen, *The Psychiatric Hospital as a Social System* (Springfield: Thomas, 1964).

[46]*Ibid.*, p. 150.

"wholeness." The community therapeutic approach is very important to maintain in his treatment. Most certainly the community which is provided for the patient must be more aware, more trained and more knowledgeable than the community at large, but it must come as close to a semi-self-sufficient, independent community as possible. Treatment in this context not only responds to the illness, but also strengthens the other functioning areas of the person and prepares him for the eventual re-entry into the community-at-large.

Even as the church is a part of the person within the larger community, the church as the promoter of mature religion and the wholeness of persons must take its part within the therapeutic community. It must work within the total perspective of the individual's need and the community's participation. The very important part that the church can play in this level of treatment is in being in constant contact with the patient before, during and after the treatment programs. It can be a helping agent to support the person encounter the illness within the framework of reality, health and growth, move through the various stages of regaining wholeness, and then make the transfer from the smaller therapeutic community back into the community at-large.

A fourth goal of the mental health helpers would be in regard to a systems development, renewal and research. This special area would concern itself with studying not only the present program of a community, but also being aware of the outstanding needs, unused resources, areas of future development and possible programs which may be incorporated into the mental health community program. It must

always be open to new programs being developed or already in service, to new theories, new resources, etc. All of the collected knowledge, experience and feelings would be used toward the development of special research projects or experimental programs. After much input this area of concern would give rise to developing or renewing the present program to enhance its ability to develop persons and a whole community.

Again, the church can be an effective part of the process of looking at needs, the future, and programs to help persons be able to live more fully in the present and future. It has been involved in this kind of "business" for a long time. In doing so it can also help keep in perspective the values and goals of the community as a whole, and individuals in particular. The church is also a resource of time, talent, space and personnel from which the mental health program may draw to effect new programs and projects.

A fifth and very important goal of the mental health helpers is to be an agent of change within the community, the county, the state, the nation and the world. Change is evident; we are in the midst of change and shall always be in the process of change. Our concern is both governing and directing the forces of change where they are present, plus applying the forces of change in areas where change is necessary for the welfare of individuals and community.

Alvin Toffler, in his book, *Future Shock*, reviews the many changes that are upon us already and the responses that are developing toward that change. In regard to strategy he writes,

> The moment is right for the formation in each of the

> high-technology nations of a movement for total self-review, a public self-examination aimed at broadening and defining in social, as well as merely economic, terms, the goals of 'progress.'[47]

He refers to this development as "social future assemblies" and says that they may be called together by community organizations, churches, foundations or voluntary organziations.[48] The church and other community organizations have an essential role in the defining of goals, limitations and means by which the advancing super-industrial world may take shape. They must guide the forces and results of change in such a way to be the most beneficial to human growth, personal wholeness and a healthy social system.

One urgent need within the area of change which ties in the past, present and future is with regard to elements within the community--specific institutions, social systems, attitudes, etc.--which prove to be sources of illness, undue tension and emotional strain. The community may degrade an ethnic, racial or religious group through its patterns of housing, education, political power, public prejudices and overt personal actions. A specific group may develop and play on feelings of guilt, unworthiness, fear, and prejudices. Still another group may develop an attitude of self-righteousness, specialness and "we know what's right; we are right and all of the rest are stupid." Still other groups may encourage a status quo approach to change,

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[47]Alvin Toffler, *Future Shock* (New York: Random House, 1970), p. 478.

[48]*Ibid.*, p. 482.

thereby thwarting any growth and development. All communities have systems, values, groups, institutions, and life styles which need to be released from the powers which cause ill-effects and encouraged to either be given a formal farewell, or resurrected to the purpose of wholeness of person and community.

The church, unique in its role as both the prophetic and the pastoral agent within the community, must work with the other helpers of the community through the Community Mental Health Board and Services to bring about change and encourage growth. Such social concerns, social action and a continuous environment of understanding, love and encouragement should have as their objectives: (1) a basic concern for the individual over the concern for perpetuating corporate structures; (2) raising values for justice, personal worth and individual creativeness over the oftimes worshipped values of complacency, rigidity and "it's always been done this way" attitudes; (3) establishing avenues of communication and developing trust; (4) developing an awareness of the importance of responsibility and of independence; and (5) anticipating the stages of change:

- Shock or surprise. Unexpected information has the first effect of destroying the order of the beliefs that we hold.
- Disbelief. When confronted with unexpected information, we may try to deny it or prove that it isn't true.
- Guilt. Often we feel internal anger or remorse that we did not anticipate the change or do something to prevent it.
- Projection. We cannot live with great amounts of guilt, so we tend to project it onto others. Others become the scapegoats for conditions that we do not wish to take responsibility for.
- Rationalization. At some point in time we begin to accept the reality of change and seek to explain the reasons for it. This

is a necessary part of the learning process and is crucial as the device for learning from our experiences.

- Integration. Changes in our lives, the world around us, occur at a rapid pace. Time is needed to assess the new information and incorporate it into our beliefs and values. This 'fitting' of our learnings helps us to determine the consequences for our action.

- Acceptance. After moving through these stages, we can accept the reality of change and move ahead to other levels of learning. Every change will not have the same impact on our lives or require the same time to accept. Changes which threaten our perceptions of ourselves, our security, and the people around us are often resisted. Change does require time if we are to support others' growth.

Seifert and Clinebell in their study of the church's place as a change agent in society point out three main models or styles of participation: the permissive, the collaborative, and the coercive.[50] These can be seen in the perspective of a continuum with each shading into the next and with each response containing elements of the different styles. The church, in its decision to respond to situations which need to be changed, must evaluate the nature of the situation, the agents participating in the change and the purposes to be accomplished. From all of the criteria, it must then determine a mode of action. Such a process of evaluation must be an ongoing process, being flexible in its alternatives to meet the changing situation in light of the established goals.

The area of the change agent's activities should not be

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[49]Shirley McCune, "Counseling as Education," *Colloquy* (January 1973), 5-6.

[50]Harvey Seifert and Howard J. Clinebell, Jr., *Personal Growth and Social Change* (Philadelphia: Westminster Press, 1969), p. 52.

limited only to the immediate community. Many of the causes of ill-affect might be due to social, cultural, economic or religious pressures which originate from a wider area. For instance, the destructive forces of racism are very much a local problem usually, but in order to change those forces one cannot only work toward reducing them in a local area but also throughout the whole cultural environment. The church and the agents for change can work through various media available on community, state, national and world levels. Some of the present organizations which can help in the change process include: the Departments of Mental Health, the state and national legislature, the county, state and national Budget Authorities, Congress, the President of the United States, Council of Churches, the various denominational bodies and their appropriate departments, commissions and task forces, various national organizations regarding health education, welfare, and development of personhood and many more. The list of such 'power wielding helpers' is endless, depending upon one's imagination and determination.

The importance of the church cannot be overestimated in its role of change agent. Many other facets of society are promoting most of the points of concern of the church in regard to mental health. But none of the other agencies, institutions and groups carry with it the fullness of the spectrum of a history of concern, a blending together of the many aspects of human existence, a composite of interrelated disciplines, and a broad and strong source of time, talent, leadership and values.

The sixth goal of the mental health helpers is one which

permeates the whole mental health movement, the church and all of life. It is a goal that is also part of the previously mentioned goals but is of such importance that it should be brought special consideration. It is the goal of developing and protecting the system of values, ethical standards and morals which set the tone of attitude, identity, respect, actions and goals in regard to persons and groups and society. This is essential to even begin evaluating the effectiveness of a role, the worth of a person, the functioning of a group, the direction of a system.

As we enter the atomic age, the super-industrial age, we become increasingly aware of the importance of such a system of values. New discoveries and changes are constantly challenging present priorities and goals. An illustration of this would be in medicine. In the past few years there are six specific biomedical advances that raise grave moral questions. They are:

1. Organ transplantation, including the use of organ and tissue banks or artificial organs, in which conflicting ethical principles motivate the recipients, the donors, the respective families, the members of the health professions, and the public;

2. Hemodialysis, in which economic factors being up the old conflict between community and individual desires and responsibilities;

3. Genetic control through gene manipulation, which is still experimental at the level of molecular organization of living material, but which has frightening future potential as forecast so vividly by Aldous Huxley in *Brave New World*;

4. Artificial insemination, where there is legal difficulty over considerations of illegitimacy, inheritance rights, and family relationships;

5. The alteration of environments by destruction of natural conditions or by pollution of airs and waters, which involves

our responsibilities to maintain a healthy world for our descendants; and

6. The development of new chemicals, designed for specific use as antibiotics, contraceptives, growth regulators, or as agents for cancer control or for altering mood and behavior, where the moral issues involve human experimentation as well as the purposes of ultimate use.[51]

These are only indicative of the challenges which are emerging in many areas of contemporary society.

Such challenges must be considered within the perspective of understanding, concern, immanence and transcendence such as that contributed by the church. It cannot make the decisions nor give judgment alone, but in process with the rest of the community it can guide the development of a set of values which would be conducive to and promoting of individual growth and development. In such a way the church truly becomes the "salt of the earth."

The Clergy within the Mental Health Program

Thus far little mention has been made of the role of the clergy. The purpose of the constant usage of the term, "church," has been to emphasize a necessary change within the whole community mental health movement--that is, the church and other community helper organizations must think in terms of the larger perspective of each group--the individuals alone and as a composite. For too long the thought of "church" has been closely correlated, if not equated with the clergy.

Even though emphasis has been placed upon the church with its

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[51]D. Wayne Montgomery, *Healing and Wholeness* (Richmond: John Knox Press, 1971), p. 175.

many individual members, its groups, its time, talents, power and assets, the clergy do have an important role within the new community mental health program. They first of all are in the position to direct the development of an environment of wholeness within the congregation, the community and fellowship of those who have responded to God's call. Howard Clinebell, Jr., has listed some of the main aspects of this area of the minister's duties to include:

1. Provide a pastoral counseling service for members and constituents.
2. Develop a group counseling program for those with special needs and those who wish to raise their level of creativity in relationships.
3. Work with the leaders of church groups with the goal of increasing their groups' abilities to meet the needs of persons.
4. Develop a long-range program of premarital education and counseling.
5. Provide vocational counseling of youth and young adults.
6. Serve as a resource person for renewal and planning retreats.
7. Work with the Christian Education Committee in developing a parent and family-life education program, teacher and leadership training workshops.
8. Participate occasionally in the preaching ministry, the leadership of public worship, ministering to the hospitalized, and speaking to church groups.[52]

Even though the bulk of a clergyman's efforts will be generally placed within the framework of the program of the church, the importance of his role extends beyond the parish limits. A second role is that of being a case-finding and referral agent. As was mentioned

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[52]Clinebell, *Mental Health through Christian Community*, p. 238.

before, the clergyman received the most first contacts of emotional distress (42% of all surveyed). With this fact and the fact that the clergy are the most numerous of professionals (350,000 in the U.S.),[53] we see that clergymen stand in an important place to either provide help to persons to refer them to the proper sources for help. In the past clergymen have gained the reputation of being 'slow and hesitant' at making referrals.[54] But in the new community mental health services, the clergyman should be educated enough and involved enough to be aware of all of the person's needs and through the mental health program help him receive the best help in an overall view.

A third role of the clergyman would be that as a professional team member in the community mental health services. Here he would function in his pastoral role with a primary concern of assisting the treatment process. This role would include the conferring with other professionals in deciding what avenue of treatment and care should be followed and in fulfilling his part of that treatment and care. This may include counsel on theological and religious issues, offering appropriate support during periods of anxiety, helping the patient fit his religious background into his therapeutic experience, and engaging in religious rituals appropriate for problems of sin and guilt.[55]

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[53]E. Mansell Pattison, "The Role of Clergymen in Community Mental Health Programs," in his *Clinical Psychiatry and Religion* (Boston: Little, Brown, 1969), p. 246.

[54]*Ibid.*, pp. 246-248.

[55]E. Mansel Pattison, "Clergymen's Role in Community Health Clinics," in Montgomery, *op. cit.*, p. 59.

Another aspect of this same role is functioning as a diagnostic consultant. In this regard the clergyman would function not as a pastor, but as an expert on religious matters. He may help explore the patient's religious life with the expert knowledge of various religious cultures and the role of religion in the personality. The consultant then develops relevent additions to the psychodynamic formulations for the appropriate use of religious resources in the community for rehabilitation of the patient.[56]

A fourth role of the clergyman within the community is serving as a liaison to the religious community. He can provide education and consultation to the community mental health directors, helpers and other clergymen and church members, interpreting each to the other. Such a role would be dependent upon a familiarity with the treatment of the mentally ill and with the resources of the community. In this role the clergyman must be able to communicate easily and meaningfully with psychiatrists, psychologists, social workers, teachers, community leaders, other pastors, and others in the community as well as on the mental health board.

The role of the clergyman in the overall community mental health program is very important, but also very demanding. It is necessary for the clergyman to continually remember his own welfare and wholeness. It is also necessary for the clergyman to be realistic about the commitment of time and energies for the demands of a parish alone are usually overwhelming. If he becomes so involved with the

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[56] *Ibid.*

concern of the community he must clarify his position with his congregation or move into that area with a specific job description. Otherwise many unfulfilled expectations with both the congregation and the community can reduce his effectiveness as well as become a strain upon his own health.

The Church's Role in the Development of the Family

The first and very important influence upon the development of a person is that of the family unit. How the child's potential for growth-guidance and self-actualization is developed, hindered or perverted is dependent upon the home environment. Through the way that love and materials are provided, the interaction of child and parents and siblings, the ways of discipline, handling of feelings and setting values all influence the child's formative development of self-esteem. The formative years of a person's life are important in that they provide the foundation for the whole lifetime. It is essential that the community be concerned about the development of the family in a direct attempt to produce an environment for wholeness--essential for the cure and prevention of illness.

In the final report of the Joint Commission on Mental Health of Children several startling findings are revealed.[57] The Commission reveals that millions of ill-fed, ill-housed, ill-educated and discontented youngsters, and almost ten million under the age of

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57"Digest of Crisis in Child Mental Health: Challenge for the 1970's," (Washington: Commission on Mental Health of Children, 1969), pp. 1-6.

twenty-five, suffer from mental and emotional disorders and are in need of help. It also stated that children in the ghettos still cope with the problems of poverty and racism which affect physical and mental health as well as opportunities in education and vocation. Another finding cited was that of the National Institute of Mental Health (1966 survey) which exposed the fact that 1,400,000 children under eighteen years of age need psychiatric care. What is needed is a broad range of mental health services for children at the national, state, community and neighborhood level. What is even more necessary is the development of the family unit to provide the resources necessary to meet the needs of the growing children.

The 1970 White House Conference on Children recognized that today's students have

> deep anxieties about living comfortably in a galloping, materialistic, technological society; handling controversy and conflict; resolving personal values; filling leisure time constructively; becoming adept in peer relationships; effecting change in institutions; and preparing to build a world in which people come first.[58]

As a result the Conference developed two "Overriding Concerns."[59] They were: (1) Comprehensive family-oriented child development programs, including health services, day care, and early childhood education; and (2) the development of programs to eliminate the racism which cripples all children. In regard to concern regarding family life, the Conference comment was, "It is vital that children living in all types of

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[58]Louise O. Eckerson, "The White House Conference: Tips or Taps for Counselors?" *Colloquy* (January 1973), 9-10.

[59]*Ibid.*, p. 10.

family structures, including single-parent, traditional, dual work, and commune, have equally available options for self-fulfillment."[60]

It does not take a special conference to inform persons concerned with community mental health programs that the changing family within a changing society is in need of help. Changing life styles and changing values bring about the need for help for the children to work through all of the input, allowing the emergence of an identity and the expression of that identity. This process within the family unit depends heavily upon a number of key words such as:

Freedom	Security	Growing
Openness	Survival	Conflict
Sharing	Responsibility	Tension
Honesty	Values	Alternatives
Intimacy	Loving	Choice[61]

The church has a responsibility to work with the mental health program to implant a sense of personhood to all members of every family unit within the community. It is only as the wholeness of the individual, both parent and child alike, is taken into consideration that the family unity will reach toward maximum effectiveness in the process of developing mental health.

The church and other community helpers can reach out through educational means to help replace such dissatisfying child-parent relationships as rejection, overprotection, domination, and overindulgence

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[60] *Ibid.*

[61] "The Greening of Iris Mountain," *Trends* (January and February 1973), 2.

with mature, accepting, loving relationships. Through various means parents can be made aware of and be given practice in developing communications with their children, using "no-lose" methods[62] for resolving conflicts, developing and carrying out reasonable forms of discipline, and improving other skills which will enhance the meaning and enrichment of the family involvement. An example of such groups would be: "Parent Effectiveness Training" groups, "Parents Without Partners," parent effectiveness educational groups, and adult education courses on parenting.

The church and other community organizations can help to present a balanced program to persons in the community including such services as systematic prenatal care, preschool home training programs, regular and therapeutic nursery schools which help the parents understand their children and develop better ways of meeting their needs, groups for parents to discuss their common needs and problems, and many other such groups. Again, the church can play an important role in this type of development by helping with its guidance, volunteers, trained personnel, space, and general support.

Another emphasis which closely connects the family with the community and the nation is the practice of democracy within the family setting as developed by Rudolph Dreikurs. Within his book, *Children the Challenge*, he presents the principle that disintegration of the family life, racial disharmony, violence at home and abroad are

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[62]Thomas Gordon, *Parent Effectiveness Training* (New York: Wyden, 1970).

the result of a breakdown in democratic living.[63] The Dreikurs' Way tries to develop within the family a democracy that encourages individual freedom with responsibility. It explains

- Freedom requires order.
- Freedom without order is not democracy but anarchy which destroys freedom.
- Order without freedom is autocracy, which violates human dignity (whether in the family or in the larger society).
- Freedom with order permits the development of mutual respect that is the basis of democracy.[64]

Many programs with particular styles or emphasis exist for the family to use in its development. Still others can be developed. The main criteria of selection must be in what help it can give to the specific needs of the family members.

In conclusion, the church has always been closely related to and concerned with family life. It has not only concerned itself with religious training, but with the development of the whole person. Royce, throughout his book, *Personality and Mental Health*, shows how religion, and specifically the church, helps families and groups meet certain basic needs: security, self-esteem, affection, achievement, independence, submission, self-knowledge, knowledge of reality, orientation toward future goals, selflessness, self-control and integation.[65] The church in cooperation with the other helpers of the community can present a strong growing program for family life.

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[63]Stephen D. Geckeler, "Learning to be a Family," *Trends* (January and February 1973), 26.

[64]*Ibid.*

[65]James E. Royce, *Personality and Mental Health* (Milwaukee: Bruce, 1964), pp. 294-297.

The Church's Role in Developing Self-help Groups

The *Comprehensive Textbook of Psychiatry* gives full coverage to the many aspects of the mental health programs.[66] It devotes a large section to community mental health, but makes only a very brief mention of self-help organizations (including mention of Alcoholics Anonymous). Such is an indication of the omnipotence feeling of the professional that has existed in the past. But with current reforms and greater education within the system, this is beginning to erode. With increasing strain from changing society has come increasing need for mental health help. As was covered in the first chapter, it is impossible to meet all of the needs with professional help. Thus the importance of the community mental health program and specifically self-help groups.

Most self-help groups have started from the recognition of personal unhappiness or a personal problem that needed to be dealt with in order to survive. All of the membership are individuals who have or who have had that particular difficulty. As a result, most groups have no professional worker, helper or leader. They are usually guided by the principles of mutual aid and peer modeling. Such self-help groups would include Alcoholics Anonymous, Smokers Anonymous, Fatties Anonymous, Weight Watchers, Gamblers Anonymous, Narcotics Anonymous, Synanon, Parents Without Partners, Mr. SWORD and Recovery.

Emanual Schwartz in a chapter on self-help organizations goes

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[66]A. M. Freedman and H. I. Kaplan (eds.) *Comprehensive Textbook of Psychiatry* (Baltimore: Williams and Wilkins, 1967).

into a detailed study of their nature. He looks mainly at the Alcoholics Anonymous and Synanon raising various questions about methods, purpose, results and validity to the community. He comes to the conclusion that

> Although some questioning of the results of A. A. and Synanon, for example, does exist, there is no doubt that they seem to be able better to help large numbers of persons with certain kinds of problems than are private practitioners."[67]

He further summarizes by extracting those facets of self-help organizations which are important to the members and seem to facilitate personal growth. They are:

1. These organizations seem to promote a kind of family structure, a group quality.

2. Since the psychodynamics of compulsions and addictions are related to rebellion against authority, parental and its extensions, many of those who suffer these problems seem better able to accept discipline and limits from their peers, who may in part be unconsciously perceived as symbolic parental figures.

3. A kind of religious or philosophical frame of reference is provided to the membership.

4. Stress is put on truth and honesty.

5. Since the desire for self-elevation must be artificially induced and cultivated, these organizations use training programs to develop a sense of responsibility as a consequence of honesty, directness, activity and industry. Discipline is a basic tenet of the work in these groups. Inner-directedness is sponsored and violence is frowned upon.

6. There is also a loss of uniqueness and isolation. The member is no longer alone working with all the odds against him. The involvement resulting from total association with others, the congregation of fellow sinners, supports each member in the

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[67]Emanual K. Schwartz, "Self-help Organizations: Lessons to be Learned for Community Psychology," in Bernard F. Riess (ed.) *New Directions in Mental Health* (New York: Grune & Stratton, 1969), II, p. 51.

> belief that somebody cares; that those who care are less judgmental although perhaps more critical than professionals or others in authority; that those who care are continuously available whenever needed.[68]

The church seems to have many things in common with these self-help organizations. As a result, the church can be of great help to the community as it cooperates in helping to develop other self-help organizations to meet many of the outstanding needs of persons. Its role is important not only because the church has many of the same experiences and understands the evolvement of the principles, but also because within the church are many of the persons who have encountered these needs. With their help such an organization could be organized without dictates or manipulation from an outside power source. The church and other community helpers can enter a community of needs and help it organize its own resources, find its own vehicles of expression, and seek community action in the gratification of its own felt needs.

It is only by respecting local resources and efforts, by placing the responsibility and authority in the hands of persons in and of the community, can constructive steps toward the prevention of mental disorders and the solution of the larger issues of social welfare be initiated. Under out present system of free enterprise this may be difficult to accomplish. The church's involvement will therefore have to be not only at the level of organization, but also at the several levels where because of professional pride, ignorance or

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[68] *Ibid.*, pp. 52-53.

manipulation the programs have been thwarted or because of the community's lack of organization, confidence or direction the programs have not been attempted.

Through such self-help groups there can be provided for the needing person an environment consisting of devoted care, the presumption that the dignity of the person continues despite his difficulty or disorder, and the preservation of human rights, including those of privacy, self-determination, and attention to personal comfort. Within this environment there is experienced a cohesiveness which provides an understanding of physical and psychological needs which are shared by those involved. There is a use of non-judgmental interpersonal relations which encourages the member to develop his own conscious attitudes and values, and through self-realization overcome his alienation.

Through a greater awareness of human needs and the development of groups to meet these needs, greater incentive, direction and understanding may help existing corporate structures and groups to evaluate, redirect and change in their present mode of operation. Here again the church can help institutions to change to meet the needs of their members. Jones has given some of the typical components of an effort to relate individual attitudes to the structure and operation of institutions.[69] These include:

1. Group responsibility and loyalty at the individual level is fostered and developed deliberately.

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[69]Wessen, *op. cit.*, p. 100.

2. The community organization is regarded as providing opportunities for corrective learning experiences toward the end of supporting internal controls and promoting ego functioning.

3. Leadership tensions are recognized as affecting members, and there is open discussion to locate these influences. Toward this end, the amount of information considered 'privileged' is kept at a minimum.

4. There is a revision of leader and member roles toward more active mutual collaboration. Leader omnipotence and immunity from criticism are minimized, and members are expected to exhibit less dependence and passivity.

5. Community support of this organization as a vital part of the community is overt and positive.

6. Group meetings are a major technique. Identification with the group value systems and internalization of controls are important themes.

7. Respect for individual potential and resources is emphasized constantly.

8. Programs are flexible and are designed to adapt to changing needs of the individual group; examination of needs and operations are a continuing process.

The authority of the institutional church within the perspective of the mental health program of a community lies within its capacity to invoke authentic insights into the nature of existence. Within the framework of individual relationships established throughout the various areas of the community the church can exert this authority through the authentic functioning of its members as whole persons. In the same manner, the desire for, the working toward, and the becoming involved in the process of growth and development can be shared with and participated in by every member of the community. It is a large task. The church has its work cut out for it!

CHAPTER III

A BRIEF STUDY OF THE CITY OF LAGUNA BEACH WITHIN THE PERSPECTIVE OF THE COMMUNITY MENTAL HEALTH MOVEMENT

A Description of Laguna Beach as a Community

Laguna Beach was incorporated in 1927 with 1,500 residents and grew to 14,550 persons by 1970, accounting for only 1% of the total population of Orange County. Laguna Beach's pattern of growth has been one of a more gradual and steady process than that of the county due to its spatial restrictions. The city is surrounded by unincorporated areas and the Pacific Ocean on the one side with rugged hilly terrain on the other. In addition to its geographic isolation from the rest of Orange County, there is no immediate access to any freeway with only three roads leading into and from the community. In this respect, Laguna Beach is an ideal location for such a study--as several cultural anthropologists have referred to it as "a microcosm of the macrocosm."

The city's economy has and continues to be based primarily on tourism. Unlike the rest of Orange County, Laguna Beach has never had any agriculture and its boundaries include no heavy industry, with a minimal amount of light industry. Since both the city's economy and a number of its residents' private incomes are based on tourism (close to 30% of the employed males and 62% of employed females in the recent

study)[1] the community has little control over the local transiency. Consequently, it is ironic that many of the community's residents who have moved to Laguna Beach to find retreat from the congestion of modern life, find themselves dependent upon the presence of the very people from which they fled.

Although Laguna Beach is as ethnically segregated as Orange County (97.7% white) it remains distinct in other measures of life style. The median house value for Laguna Beach is $38,600, about $11,000 higher than the county median and an indication of the high value of property in Laguna Beach. In addition there is a striking lack of tract housing developments. On the other hand, Laguna Beach has a larger share of renter occupied units (48.6% as compared with the 33% of Orange County). In terms of type of dwelling units, the city has 33% multiple unit dwellings, a percentage which has remained fairly stable over the past decade.

Laguna Beach has been noted for its life style which was indicated in the low number of persons per residential unit (2.2 persons). However, recent studies show that in this respect Laguna Beach is moving upward toward a pattern more characteristic of "family households" as is the norm for most of Orange County. Daniel, Mann, Johnson, and Mendenhall reported that the newer arrivals to Laguna Beach have a greater number of persons in their homes (2.68 persons)

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[1]This refers to statistics gathered by a study in 1970-1971 by a commission sponsored by the City Council and the Orange County Community Mental Health Services. These are available at the Orange County Office in Santa Ana.

thereby bringing the average up and "typify the future."[2]

To study the mental health needs and services of a community such as Laguna Beach, it is essential to know the socio-economic characteristics of the population as well as the natural barriers, general life-styles, etc. Even though Laguna Beach is considered a microcosm of the macrocosm, in many ways it has a significantly different identity than the rest of Orange County which will directly or indirectly affect the mental health needs and services.

Laguna Beach has a somewhat greater imbalance of women to men than does the rest of Orange County--52.5% of the city's population is female compared to the more balanced proportion in Orange County's 51% female and 49% male. Furthermore, a larger percentage of females in Laguna Beach are older than those in Orange County. The median age of the Survey Report of 1971 shows women's median age at 42 years compared to Orange County's 37 years. This difference is mainly due to the high retirement population and the low youth population in Laguna Beach.

At the time that the survey was made, Laguna Beach has as its dependent population 18 years and younger a total of only 26%. In the county, this same cross section accounts for 40% of the population, or almost all of their dependent population. In the past decade there has been a definite decline of the elderly age group and an increase in the

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[2]Daniel, Mann, Johnson, and Mendenhall, "Economic Forecasts for the City of Laguna Beach, California," November, 1969, p. 31.

young adult population (15-34 years of age). The survey reports indicate that the proportion of young in Laguna Beach will continue to increase, but that the aged will continue to constitute a significant portion of the population. Migration of more young families to Laguna Beach in the 1960's and the opening of Leisure World (a retirement community just east of Laguna Beach) in 1964 have contributed to this change in age structure. This trend is seen to continue as the elderly either move away, move into rest homes or die, the usual influx to fill their places will be steered toward the retirement communities as Laguna Beach's image loses that part of its attraction.

The fluctuations of the age structure of Laguna Beach are descriptive of the migration patterns of the city residents. The Survey Report showed an evidence of a high rate of geographic mobility: 21% respondents had lived in Laguna Beach less than two years; 48% had moved to Laguna Beach during the past five years; only 18% had lived in Laguna Beach for fifteen years or more. This mobility pattern indicates a lack of community stability according to national indicators and is generally associated with high rates of both social and psychological stress. In this respect Laguna Beach exhibits no great difference from the rest of Orange County in that all of Southern California is composed of a great percentage of migrants and shows a high percentage of mobility.[3]

During the past five years the rate of natural increase of

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[3]A conclusion given by William Routt in a presentation to the Laguna Beach Human Needs Advisory Board, August 5, 1971.

Orange County has been 12.35 per 1000 residents while the rate of Laguna Beach has been a negative .2 per 1000. During the past five years, the county's rate of natural increase has been steadily on the decline due to a decreasing birth rate. In Laguna Beach the birth rate is on the rise, but is offset by its high death rate. If we can combine the changes in Laguna Beach's birth rate, age structure and the increase in number of persons per household, we can perceive a slight movement towards a more "family-oriented" community style in Laguna Beach.

The community also evidences a change in the social status structure of its residents. In 1960, the Laguna Beach median number of school years completed was reported at 12.7 years. The median at the time of the Survey Report was 14.8. In this recent finding, 6% of the male respondents are Ph.D.'s, a fact closely related to the opening of the University of California, Irvine, within the past decade. In the report of occupations, the professional level in 1960 was indicated at 17.75%, which increased to 34% of the males of the 1971 report.

Often social status, as indicated by occupation and education levels, is a poor indicator of economic status, and this seems to be the case for the resident sample as the high social status is not reflected in the income levels of the respondents. Stereotyped as a wealthy community, the study's findings indicated that 26% of the residents have an income of less than $6,000. This is probably due to two main factors regarding the residents: (1) the large number of retirees who may have had high occupational status, but now have a limited or

fixed income; and (2) those beginning new careers or who are establishing a practice or who are working part time while doing post-graduate work thereby having a lower income while assuming a high rank in social status.

As was previously mentioned, Laguna Beach residents live in smaller households--one indicator of the presence of a "non-family" residential pattern. This is verified by the high percentage of "primary individual households," namely 42% (i.e., a household head living alone or with non-relatives only). The percentage of the same type of household for Orange County is only 17.5%. Census figures for Laguna Beach show that 35% are one-person households. The study shows that of these 43% are not currently married: 19% single, 13% widowed and 11% divorced. While the percentage of widowed corresponds to national averages, the number of divorced persons is quite high. (In 1968, 4% of the United States adult population was divorced.)

Laguna Beach exhibits, in somewhat a greater degree, the disruption and change in family life experienced throughout the nation. The national percentage of children living with only one parent is 15%, while in Laguna Beach the sample figure is 22%. This percentage has increased over the past two years. Of the three elementary schools, Top of the World School records the percentage of children from one-parent or no-parent homes (in several situations, the child is living with a relative or a "friend of the family") to be about 50%.[4] At the

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[4]A figure given by Al Haven, principal of Top of the World School.

high school level the percentage is about the same level--about 50%.[5] On the high school level there are fewer divorces but more students living with grandparents, a friend or even with other non-adults.

The high percentage of one-parent homes is not indicative of the family life experienced throughout the city. There are several communities within the general community of Laguna Beach that are "closed" communities and due to financial, social, ethical and economic requirements, the percentage of broken homes is lower. Irvine Cove, as an example, records 100% of the residents married. Monarch Bay, as another example, has a high rate of complete families due to its screening of residential candidates according to their economic, social, occupational, marital and religious status.[6]

The members of the Survey Report gave the following evaluation of Laguna Beach:

> A few tentative conclusions to be examined further can be drawn from the Laguna Beach sample:
> 1. Laguna is not a microcosm of Orange County; it is set apart from Orange County, both geographically and socially.
> 2. There are some indications that the distinct or unique contours of Laguna Beach are steadily being smoothed away by the increasing population pressures of Orange County.
> 3. At present, Laguna Beach more closely corresponds to national rather than county figures along many of the socio-economic

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[5]A figure given by Don Haught, principal of the Laguna Beach High School.

[6]This is not a published fact, but a fact known to those who are familiar with the area. It is a community located behind security gates, with security guards 24 hours a day, and governed by a corporation board. Along with presenting all types of information in application for buying into the area, a final screening takes place when each couple is taken to dinner by several of the Board representatives. It is a commonly assumed fact that Jews, blacks and other "high risk" families are not "invited" into the community.

indices discussed above. The community is more heterogeneous than its environs.

4. Heterogeneity, an essential quality for a viable community, paradoxically can be another name for segregation. This segregation occurs when one part of the social structure becomes isolated from that which is different from itself, in spite of (or often due to) their close proximity. Inherent in Laguna's social structure is that possibility.[7]

Community Helpers and Service Givers

The Survey Report went beyond the mere measuring of professional opinion in that it focused, but did not limit, professional attention of resident concerns and allowed for an assessment by agencies and professionals servicing the Laguna Beach area in terms of urgency of needed remedial action. The Mental Health Survey team contacted 178 service givers: 88 private practitioners or service giving personnel and 90 agencies. Others were contacted but did not respond or cooperate in the survey.

Of the private practitioners contacted, the medical specialists and the dentists generally saw themselves removed from the mental health scene. The medical specialists received most of their patients on referral from other physicians with specialized problems and often from outlying areas other than Laguna Beach. The dentists usually considered themselves far removed from resident concerns and therefore thought the mental health concerns to be more applicable to the medical and psychological practitioners. General practitioners, psychiatrists and psychologists had the greatest enthusiasm in response and

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[7]Laguna Beach Health Survey Project Report, p. 31.

thereby indicated their view of their services to be of great importance in the mental health picture of the community.

A special category of service givers which seemed to fall separate of the private practitioner and the agency was that including the churches, Assistance League of Laguna Beach, Alcoholics Anonymous, and similar groups. Of all of the groups contacted there were only nine responses. Of the seventeen churches and four religious bodies (the Hare Krishna group, a growing Buddhist group, a yoga training group, and a small group of "Jesus People" who broke off of the Calvary Chapel in Costa Mesa) only five responded. Of these five, three ministers had specialized training in either counseling or group work. The other two ministers hold the understanding that the church is an important organization or agency of the community to help strengthen individuals in general and to help meet the various needs of the community and of the world. Of the last two, one was of retirement age and indicated that if a person is strong enough spiritually, he can work through any needs that he may encounter. There was an indirect inference that the mental health services of the community would not be necessary if everyone was a "good Christian." The rest of the contacts with churches and clergymen brought back responses indicating either no interest in being a part of the mental health concern of the city, or that their concern was only involved with the saving of a person's soul which was more important and completely segregated from any kind of mental health (non-church) concern.

The four main service givers besides the churches which responded included the Assistance League of Laguna Beach, the Alcoholics

Anonymous, the Laguna Beach Free Clinic and the Laguna Beach Community Counseling Service. All four saw their services very much involved with the mental health condition of the community. The Assistance League helps to give assistance to families who are in need of extra food, clothing and care. They sell clothing at a very small fee, provide housing for the homeless families for brief periods of time, provide a service of helping the aged in their home with some of the household duties if they cannot afford them or are unable to do them themselves. They provide special therapy for adults who need to be returned to society on two days a week and work with the mentally retarded one morning a week. Besides this, they help by sponsoring a pre-kindergarten clinic for all children of the school district just before they enter school and hold special events for the aged in an attempt to brighten their loneliness.

The Alcoholics Anonymous, Free Clinic and Community Counseling Service all give help to specific needs. The A.A. works with the alcoholic and his family. The Free Clinic offers a wide range of services (covered later in this chapter). The Community Counseling Service provides family and individual counseling on a sliding scale based on ability to pay. This was developed by the Ministerial Association in conjunction with the schools in an effort to meet the great need for family counseling which was non-existent or too expensive. The service is staffed by the Catholic Social Service of Orange County and gets help through the United Fund. The Community Counseling Service has also helped to establish Ministers-Students Rap Sessions at the High School and mini-courses that could be offered in the High

School curriculum. Another function was the attempt to better coordinate the community efforts at meeting the needs of youth during the pressures of the drug season. As a result, its Board of Directors included members from the school staff, the school counselors, representation from the churches, the police, probation, city council, P.T.A. and private help givers of the community.

Many of the agencies which were contacted by the Survey as agencies connected with meeting the needs of persons were located outside of the city of Laguna Beach. Health and welfare services provided by agencies to residents of Laguna Beach and the South Coast area have traditionally been located in the northern part of the county (mostly in Santa Ana, Orange and Anaheim). Some of the main service agencies in this category include the Orange County Medical Center, Orange County Mental Health Association, offices of the Public Health Department and the Community Mental Health Services, the O.C.M.C. Crisis Center and Psychiatric Out-patient and In-patient Centers, South Coast Child Guidance, Family Service Association, Metropolitan State Hospital. Of the privately owned and operated agencies the most frequently used by the residents include the Benjamine-Rush Psychiatric Center, the Brea-Neuro-Psychiatric Center, the Youth Problem Center, Capistrano-by-the-Sea Hospital and Hoag Hospital.

Within the Laguna Beach Community the only agencies available to give help are South Coast Community Hospital and the Free Clinic. South Coast Hospital has 171 registered beds and a medical staff of 120 physicians, with plans to increase its bed capacity to 268 and to enlarge all of its support areas. The Free Clinic was started in 1970

but due to some personality conflicts on the Board, staffing problems and other major problems, its services are limited.

The Ability to Hire Services

As was previously mentioned, the income levels of Laguna Beach residents are not exceedingly high. Two aspects of the ability to pay, over and above personal income, are insurance coverage and the availability of partial-pay service structures. Most residents contacted by the survey teams were extremely unknowledgeable about their insurance coverage. Primarily, only the elderly and those heads of households who had recently undergone a serious illness were familiar with the details of their existing insurance benefits. A total of 73% of the resident sample (including Medi-Care recipients) reported some insurance coverage, a figure quite comparable to national indices.[8] Eleven percent of the patients of medical practitioners carry between 25% to 49% coverage, and an equal number carry 50% to 74% coverage. On the other hand, 50% of psychiatric practitioners' patients, and 65% of the psychiatric agency's patients have no coverage, while the remainder of their patients have less than 25% coverage.. Ninety percent of dental patients have no coverage. The above figures further specify that national indicators reported in *Time*: "Fully 85% of the United States population under 65 have some sort of health insurance coverage,

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[8]U. S. Department of Health, Education, and Welfare, "National Center for Health Statistics," Public Health Service Publication, Washington, D. C., 1968.

but in many cases the armor is inadequate."[9] According to a report by the Committee for National Health Insurance, the following percentages of the January 1, 1967 United States population under 65 had no voluntary health coverage:

15.5% under age 65 had no hospital insurance
22% under age 65 had no surgical insurance
37% had no in-the-hospital medical expense insurance
49% had no insurance to cover X-ray and laboratory examinations when not in the hospital
60% had no insurance for visits to doctors' offices or doctor visits to their homes
64% had no insurance against the cost of prescribed drugs
97% had no insurance against dental expenses[10]

If we could assume that one could pay for services by some means, or could overcome the relative geographic inaccessibility to partial-pay structures, what is the possibility of service from the existing public and private service system? The Survey Report indicates that 53% of the agencies and 58% of the responding practitioners had no capacity for new clients. The rest reported increases in their caseloads. Of these, many of the increases of private practitioners reflect the caseloads of new practitioners.

Half of the practitioners and slightly less than half of the agencies responding had established services within the past five years; 19% and 22% respectively had established services within the past 18 months. This recent influx of practitioners parallels the arrivals reported in the random sample of the survey teams. About

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[9]"Health Care: Supply, Demand and Politics," *Time* (June 7, 1971).

[10]Committee for National Health Insurance, Fact Sheet #8 (January 1967).

half of the residents had moved to Laguna Beach in the past five years, and a quarter in the past two years. Regardless of the considerable mobility on the part of both care-givers and residents, the actual rate of population growth for Laguna Beach fails to fully explain either the total growth or differential aspects of growth among categories of service givers.

The population increases around Laguna Beach have had their impact. However, the differential growth between the general and specialist practitioners in the area is comparable to national figures: in 1964, 61% of all private practitioners were specialists, whereas the 1950 figure was 36%.[11] 1970 census data also underlines two significant characteristics of Laguna Beach residents: the elderly continue to constitute a major segment, and the greatest growth increase have occurred in the 15-35 year old segment of the population. These two populations encompass a proportionately large percentage of existing service demands and constitute a large portion of all four underserviced groups within the community, designated by both the residents and the service givers. For example, the elderly often require the services of the medical specialists. Concurrently, the percentage of specialists has increased 67% in the past five years, in contrast to the 30% increase in general practitioners in the same period. The elderly and the 15-35 year old group also represent a significant proportion of the demand for psychiatric services. Psychiatric and

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[11] U. S. Department of Health, Education and Welfare, "Health Manpower Sourcebook: Manpower in the 1960's," Washington, D.C., Government Printing Office, 1964, p. 29.

psychological practitioners in the local area have undergone a 67% increase in the past five years. Sixty-four percent of the psychiatric agencies have been established within the past five years including one new private inpatient facility developed in the past year. The majority, however, of the new psychiatric agencies offer outpatient services focusing on family and drug problems and two of the five new medical agencies responding were free clinics. These new service structures appear consistent not only with the new demands being made upon the local health service system, but also, they reflect a national trend toward more comprehensive service delivery at the local community level.

"Problems of the Community" from the Community's Eyes

A problem exists in a pending difference between the attitudes of the service givers and the rest of the community in regard to the priorities of the problems of the community as well as the outstanding needs of individuals. The Survey Report shows that all of the resident respondents in reply to the question," What are the three most critical or pressing problems facing Laguna Beach?" varied radically. The following is the rank order in terms of frequency of response of the residents designating the problems that face Laguna Beach:

1. Drugs
2. Traffic/Parking/Transportation
3. "Hippies"
4. Lack of Control over City Development
5. Unresponsive City Government
6. Recreation/Community Programs
7. Pollution

8. Needed Health Facilities
9. Lack of City Planning[12]

At first glance, it seems as though the above list is a cross-section of a smattering of concerns. But there emerge what seem to be four main themes or problem areas with regard to the community status of health.

First, there is a city government labeled as unresponsive even though it operates in what is perceived as a polarized community without consensual goals. This problem overlaps into the second problem, a feeling of a lack of control over development, lack of city planning, and pollution, and all those things which involve environmental change. The third main area of problem concern involves those things which represent social change manifested by a culturally different style of life and which threatens many traditional values and norms of behavior. This social change is perceived as a threat to the city's image (its ability to attract tourists), to its child rearing practices, and as contributing to the general decay of society. Both the environmental and the social change define the community in terms of its conflicts or disruptive forces. This brings us to the fourth general category: health facilities and recreation/community programs, both of which seem to offer a solution for or a mechanism of alleviating the community stress, as respondents define the community's need to service the existing casualties.

As seems to be the case with each community in the process of

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[12]Survey Report, *op. cit.*, p. 61.

defining those target groups and problems most in need of service, the synopsis of the residents' response shows a puzzling inconsistency in resident health concerns. For an example, 65% of the respondents indicated no underserviced community health problem. Of those that did, only 28% named drug abuse as a community health problem. However, when asked what, in their opinion was considered the most pressing health or social problem facing Laguna Beach, 63% mentioned drug abuse. Finally, when directly questioned on their attitude toward drug abuse, 71% indicated it to be a serious problem; of these, 37% considered it a serious problem in and of itself, while the remaining 34% ranked it seriously, but as a symptomatic result of cultural unrest.

In general, the service givers more specifically delineated needs, whereas the service receivers and residents spoke to the context of the needs. Seventy-eight percent of the resident sample mentioned either a sub-population or a group within the community as being in need of remedial attention by the community's service system. In general, the concern voiced by residents fell under the general heading of "public health."

The responses of the service givers, both of the practitioner and the person representing the various agencies, separate the needs of the community into four main areas: the indigent, the elderly, the youth and "hippies." As we examine the four designated underserviced groups within the community one question which must be kept before us is, "Is this group experiencing a problem or are they perceived to be a problem to the existing level of the community?" Keeping this in mind we can better analyze the concerns in terms of life style

problems, that is, social conflict, or in terms of health problems, both of which are involved in the mental health concern and might be referred to a health facility for treatment. In the survey, the service givers often pointed to the already overtly, physically or emotionally incapacitated, but like the residents, they also spoke of the more subtly suffering groups within the community. Both groups failed to single out distinctly those persons closely involved with the "identified" sufferers as in need of help.

Of the four underserviced populations mentioned by the residents, the indigents were considered the most seriously in "need" population by the practitioners. Agencies considered this group as the second most seriously underserviced group. In addition, service givers ranked financial obstacles to the receiving of care as being a serious problem. This clearly shows that for the service givers, indigency is viewed relative to service need. With rising medical costs, lack of access to partial pay structures as well as cultural bias to public facilities, the practitioner is increasingly aware of the number of the middle class who are medically indigent.

Residents, on the other hand, named the indigent as underserviced with least frequency, comprising 17% of those mentioning an underserviced group. This small group of residents spoke of the indigent only in terms of their difficulty in access to the health service system. This segment of the community was not considered as a social problem nor were their barriers to social access within the community seen as a community concern. Looking deeper at the statistics, the poor become more visible. Of all residents surveyed, 26% had incomes

of less than $6,000, while in the 1967 Laguna Beach special census, it was reported that 17% of the residents had incomes of less than $3,000. Besides these gross measures, welfare statistics for the county reveal the number of those seeking service aid in Laguna Beach to rank seventh in regard to the percentage of population receiving welfare assistance.

Santa Ana	4.0 % receiving welfare assistance
Costa Mesa	2.5 %
Stanton	2.4 %
Anaheim	2.3 %
Westminster	2.1 %
Garden Grove	2.1 %
Laguna Beach	2.05%
Los Alamitos	1.9 %[13]

Welfare benefits include Old Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, and Aid to the Totally Disabled. The high welfare ranking attributed to Laguna Beach can be, to a great degree, attributed to its Old Age Assistance cases, which account for 1.8% of all county OAS expenditures. In fact, according to the census, over 1% of the city's population is receiving OAS. Nearly one half of the sample respondents of the survey over 65 years of age earned less than $6,000. The image that Laguna Beach is a wealthy community is in part true, but the city has a rather large portion of its residents who are poor, many of them elderly, who remain relatively hidden and easily forgotten.

Of those residents who singled out an underserviced area of the population within the city, 21.5% focused on the elderly. Although this age segment constitutes a large number of the "poor," service

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[13]1970 Census, Orange County Department of Welfare, September, 1970.

givers rank them less seriously than the indigent. However, on the rank order index, the poor and the old compare equally in terms of priority of service need. Residents spoke of the elderly's isolation from the service structure largely due to geographic access, their social isolation, as well as their perceived loneliness. (One resident's sentiment was captured in the comment, "California must be a terrible place to grow old and die.")

Although Laguna Beach's population shows an increasing number of youth, it is likely that the high percentage of older persons has become and will continue to remain a significant portion of its population. It is not merely a local problem, the crisis of aging in our society is not contained in retirement communities alone. The status of our senior citizens has been summarized:

1. They are explosively growing in number;
2. They are generally in worse health than other age groups;
3. They have less money than the average of all adults;
4. They are more likely than other age groups to live in the city, and to live alone; and
5. They are, despite attempts at legal correction, ruthlessly discriminated against in employment, and in general they are being pushed out of meaningful involvement in society.[14]

Reflecting on the problems of the aged compared to the national level, we see that in Laguna Beach: (1) the elderly account for over 16% of the city's population while the national figure is presently 11%. Also, the majority of these are women, many of whom are widows.

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[14]George James, "Adapting Urban Mental Health Services to Our Aging Population," in Arthur Bindman and Allen D. Spiegel (eds.) *Perspectives in Community Mental Health* (Chicago: Aldine, 1969), p. 528.

It has been found that the health of the widowed is not nearly as good as that of the married, particularly after the recent death of a spouse.[15] (2) In terms of health, 51% of the elderly respondents reported a chronic ailment. The reporting of a chronic illness in household interviews is notoriously inaccurate, so there is reason to believe that this figure is closer to the national figure of 80% suffering from a chronic illness. Older persons tend also to suffer from a combination of illnesses, having five or six medical problems concurrently. Treatment of these conditions (e.g., diabetes, rheumatism, arthritis, after-effects of strokes, etc.) must be continuous and requires many modes of therapy, necessitating a shift in treatment techniques as morbidity shifts from acute infectious diseases to the chronic incapacitating illness. With the elderly's decreased mobility, the ideal treatment facility should be centrally located as well as comprehensive in order that treatment will not be hindered or the patient "lost" as the elderly citizen travels to a number of disparate treatment facilities. (3) Since many of Laguna Beach's elderly are also many of their poor, the majority are on fixed incomes. This is also reflected in the high retirement rate of this group--89% of those over 65 are retired. Of all the sample respondents, almost one half live alone and only three households indicated the presence of grandparents within the nuclear family unit. Thus we find the elderly's personal community becoming more and more restricted.

An outstanding concern of the residents was in regard to the

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[15]Routt, *op. cit.*

elderly's being cut off from the rest of the community. The elderly share with the adolescent an increase and extension of useless and dependent time, plus an isolation from the community's interaction and responsibility. As the elderly's life span increases, their productive and significant time as "full citizens" is diminishing. In our society, growing old has become something generally distasteful and almost shameful. Since cultural beliefs have a profound influence on health, this indicates a possibility of real strain on the mental health of this segment of the population. Along with this, although 20% of the respondents were over 65, not one directly mentioned their loneliness, and few of them gave mention of any real medical needs. Here, too, cultural beliefs and values persist even in the dying organism as the person's own needs, sickness and pain must be hidden from view under a layer of independence, self-determinism, honor and pride.

The last two categories of need can in many ways be considered together: "youth" and "hippie." Fifty-five percent of the residents mentioned that an underserviced group within the community was the youth. In addition, "symptoms" of this youth disease were considered the most serious problem facing Laguna Beach. The residents generally associated drugs, the "hippie" and VD as problems limited to this generation.

Residents seldom considered the youth as medically underserviced, but expressed their concern as one involving life style--youth did not experience problems, the youth *are* a problem. This conflict in style is manifest in the distinction or lack of distinction between youth and "hippies." A general distinction was made generally

separating youth from "hippie" as those youth who live with families within the community versus the young persons without local familial ties. Although the residents rarely expressed an explicit identity of what constituted the "hippie," it seemed to revolve around: assumed association with a drug culture, a notion of transiency, in contrast to "the kids here in town," and the transient's lack of relation to the town or a sense of community involvement and investment. With Laguna Beach being so accomodating to the tourist migrations, the hostile reactions to this outsider reflect a threat to traditional values and norms of acceptable behavior as well as a threat to the income received from the tourist trade.

There were many ambivalent feelings with residents concerning the meeting of the needs of the "hippie" community. Many felt that if the hippies were serviced medically by community agencies, it would signify a condoning of their life style and values, as well as encourage their presence in the community. The question for them was therefore not of whether or not to meet their service needs, but rather whether or not to recognize the hippie as a member of the community with all of the privileges and the responsibilities that this entails.

In contrast, the service givers designated the hippie as the most underserviced sub-population within the community. Of all of the measured health concerns, the hippie is the fourth most serious concern for the agencies. Youth, on the other hand, are listed as the least underserviced population of the community, according to the service givers.

In regard to youth, nationally one out of three children prior

to high school graduation or age 19 will come to the attention of the courts, the guidance clinic, or the Welfare Department. In Laguna Beach's case, there is an above average representation of factors usually associated with both social and psychological dysfunctioning. Such factors have an effect on all persons in the community to some degree, but they usually have a significant effect on the community's youth. Thus far Laguna Beach residents are only noting the estrangement of the young and have not generally come to grips with the problem.

Two factors which most likely contribute heavily to the Laguna Beach's youth "dis-ease" are Laguna's household or family structure and the high geographic mobility exhibited by the residents. As was indicated before, the large number of children living in one-parent and no-parent homes tends to indicate a greater instability. While measure of the actual number of children who have experienced the break-up of a family exists, such children are seen more frequently by all segments of the health and welfare service system. Along with this insecurity, many of the Laguna Beach youth are newcomers to the community and therefore lack any ties with the "extended families" who in less mobile times, served as both buffers in the tension produced in close family interaction, as well as teachers of socially appropriate role models that the child could gradually assume. Now as the one generation segregates itself from the other, youth seeking to establish significant social relationships in the new locale must do so within their age segment or their peer group. Mobility becomes a cultural tradition and at the same time it is a built-in stress system, especially

affecting the young. Laguna Beach residents are much concerned with the drug problem and it is considered as the problem of youth. The adolescent using drugs can experience a feeling of community which is an effective mask for his desperate sense of isolation from his family and from his community.

This brings us to an already mentioned problem. Drug abuse was rated by 71% of the residents as "the most serious problem" and to many a "symptom of a much deeper social problem." In conveying their perception of drug abuse, not primarily as a health or medical concern but primarily in terms of the social conflict and moral issues involved, the residents underline a basic ambiguity regarding attempts to understand, to legislate, to enforce and to treat drug problems.

Looking at the rate of drug arrests in Laguna Beach, both for juvenile and adults, the figures are so staggering that it is difficult to understand the disparity of drug arrests in Laguna Beach as compared with the remainder of Orange County and California. For juveniles, the rate of marijuana arrests is about seven times that of the county and about 13 times that of the state. For opiates, the rate is about three times that of both the county and state. In the area of dangerous and hard drugs, Laguna Beach triples the county rate and is five times greater than that of the state for 1970.

The adult arrests are equally impressive. Arrests in Laguna Beach as compared with Orange County show that the city rates are five times higher for marijuana, twelve times greater for opiates and twice as great for dangerous drugs. Several factors project themselves as possible causes of this high rate. Surely one factor must be that in

addition to Laguna's proximity to Mexico, it has developed a recent proximity to Viet Nam through El Toro and Camp Pendleton Marine bases. Also, Laguna Beach has always been known for its multi-life-styled environment which is attractive and encourages to some degree more of a free expression as well as the persons with this inclination. In regard to the number of arrests, with Laguna Beach being such a small and closed community geographically, and yet on the line of the beach traffic, plus the adoption of a "get-tough" policy in police enforcement in regard to drugs has brought about a higher chance of arrest than in many of the larger communities.

Some of the community leaders see the drug scene as a "reading" of the anxiety and tension of our society in transition. It is reflective of the feelings that are spread over the nation, but intensified. The war is becoming increasingly unpopular on the one side, while on the other there are those who want to "bomb the hell out of them." The traditional institutions such as schools, churches and courts are being challenged. Inflation and recession resist human management. A difference of values and life styles is being expressed from different segments of society.

Even at our most local level, Laguna Beach struggles to control its future growth, its economy, its ecology and its citizenry. Fortunately due to its size, its government and its stage of development, Laguna Beach still has the possibility to grapple with deciding its destiny. Many towns and cities do not. But ironically, Laguna Beach already personifies a national identity crisis--the increasing dissolution of the nuclear family, the ever more rigid isolation among

age groups, geographic mobility of its residents, and its economic dependence on tourism. The isolation, the distrust and attempts to balance progress and growth on one hand, while trying to maintain identity and individualism on the other, are analogous to our present national personality.

The Church Scene in Laguna Beach

The church was a part of the Laguna Beach story from the very beginning. In the early 1880's, Benjamin (Uncle Benny) Handy was the minister of the religious life of the village. Meeting every Sunday, first in a cottage, then in the Town Hall, he would give religious instruction to the children. This practice continued until 1914 when the Town Hall began getting over-crowded and the following year the era of church building began. First was the Community Presbyterian Church, then the Missionary Church, then the Little Church by the Sea, followed by the St. Catherine's by the Sea Catholic and many more.[16]

In recent years, with the rise and fall of a few small religious groups, the number of religious bodies has leveled off to about twenty-one. This list includes:

South Shores Baptist Church
St. Catherine's by the Sea Catholic Church
First Christian Church
Christian Science Church
Church of Jesus Christ of Latter Day Saints
Neighborhood Congregational U.C.C. Church
St. Mary's Episcopal Church
Calvary Evangelical Free Church

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[16]Merle and Mabel Ramsey, *Pioneer Days of Laguna Beach* (Laguna Beach, Calif.: Hastie Printers, 1967).

Little Church by the Sea Interdenominational
Jehovah's Witness Congregation
St. Paul's Lutheran Church
Community Presbyterian Church
Church of Religious Science
Seventh-day Adventist Church
Unitarian Universality Fellowship
Laguna Beach United Methodist Church
Christ Unity Center of Life
Jesus People
Krishna Consciousness
Buddhists--Nicheren Shoshu of America
Suffis--break-off from the Church of Tao

While most of these groups represent traditional denominational bodies and are represented by a structure or location, the more evident religious activity is by a number of minor sects who work on the streets. Laguna Beach was one of the early towns to become involved in the Jesus Revolution. Members of the Krishna Consciousness faith, the "Hare Krishnas," are regularly on the streets in their safron and yellow robes. Also growing in number in the town are the young Buddhists, members of various Islamic sects, and a number of followers of various Eastern Masters. Most of the religious activity of all of these bodies are directed at the traditional religious converting and grooming of souls.

Very few of the mentioned religious bodies have been actively involved in the community activities and affairs. Probably most outstanding have been the recently organized Unitarian Universalist Fellowship, a small group from the Community Presbyterian Church, St. Mary's Episcopal Church (since the coming of their present rector), and small groups from Neighborhood Congregational Church and the United Methodist Church in the last couple of years. Generally, the church scene in Laguna Beach was the echo of the rather conservative

well-established voice of the community.

The emphasis of the Christian's role in society was evident from many of the congregations as many of the outstanding churchmen were also involved in the life of the community. Several of the larger congregations presented a rather liberal theology. But evidence of a prophetic role in Laguna Beach was seemingly weak until the turn of the decade--last 1960's, early 1970's. At this time, we find several congregations becoming actively involved in the life and welfare concerns of the community, while at the same time other congregations have responded to the new threats of the day by becoming even more conservative and more isolated from the community.

Service Clubs of Laguna Beach

A total of 121 service clubs are registered with the Laguna Beach Chamber of Commerce and probably another thirty to forty clubs and groups are involved with the life and concerns of the residents of Laguna Beach. For a city of its size, this is an overabundance of clubs. It does indicate several things, however: there is an abundance of varied interests within Laguna Beach ranging from the arts and business concerns to educational and recreational interests and pursuits; there is a considerable number of persons with an abundance of time; and there seems to be an unusual amount of talent, drive and involvement.

Of the many service clubs and organizations there seem to be eight distinctive areas of concern. They include:

1. Residential Groups: Arch Beach Heights Association of

Property Owners; Hilltop Homeowners Association; Monarch Bay Club, etc.

2. Professional Groups: American Association of University Women; Ministerial Association; Retired Teachers Association, etc.
3. Political Groups: Democratic Club of Laguna Beach, the Republican Association, Taxpayers Association, Citizens Town Planning Association, etc.
4. Business Groups: Chamber of Commerce; Laguna Beach Board of Realtors; Artist and Gallery Owners Association, etc.
5. Religious Groups: Laguna Beach's 17 churches, 4 religious bodies, and other smaller groups with religious direction.
6. Recreational Groups: Shuffle Board Club, Lawnbowling Club, Laguna Beach Bicycle Club, Folkdancers, etc.
7. Interest and Hobby Groups: Community Players, Garden Club, Stamp and Coin Club, Nature Study Group, etc.
8. Service Groups: Assistance League of Laguna Beach, Altrusa Club, Kiwanis Club, Rotary Club, Women's Club, Optomists Club, Ebell Club, Friends of the Library, League of Women Voters, Jaycees, etc.

Until recently most of the clubs and organizations were involved mainly with meeting the specific needs of their members or accomplishing a certain task. Very little effort was given to being involved in a total community effort to join in a cooperative attempt to look at and respond to the needs of the community from a unified perspective. More recently a few of the clubs have become concerned with the "total community" perspective of service and have taken steps

to make their services available to that end.

The Churches' Involvement

It would be difficult to mention the many ways in which the churches of Laguna Beach have either directly or indirectly contributed to the mental health of the members of its community. It would be safe to generalize that the bulk of their effect has been felt through the strengthening of individual and family life within the individual fellowships. No doubt this has had a strengthening effect upon the community. But the Church's mission to the world was generally seen in the perspective of saving of souls and the spreading of the faith. Until the late 1960's little was attempted in what we now classify as community mental health.

Prior to 1968, the churches of Laguna Beach has little involvement in the community. The clergy of the smaller churches and the large Roman Catholic Church were generally quite conservative in both theology and community involvement. The clergy of the larger main-line Protestant churches were all older and showed what several members have classified, "settling in for pre-retirement retirement." Ministerial meetings were characterized by the regular monthly breakfast at 7:30 A.M. at the Coast Inn (except for July and August). The agenda included: Breakfast followed by discussion about some recent book, the sharing of "institutional pains" and the occasional presence of an outside speaker.[17]

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[17]As experienced by and shared with the author.

By the latter part of 1967, the exploding drug scene had reached the proportion where it became a concern of many of the community leaders. Three members of the clergy took the initiative to join some of the school officials in discussing the matter. On Friday, January 26, a meeting was held with clergy and school officials in attendance. The result of this and subsequent meetings was the formation of a committee whose purpose it was to coordinate the concerns and efforts of the various groups and individuals of Laguna Beach in regard to the drug scene. Invitations were sent to twelve ministers, fourteen school officials, eight physicians, three from the police department, three city officials and representatives from twelve local organizations to take part. The direct result of these meetings was a greater cooperation in the effort to eliminate the drug threat. Eventually, these meetings resulted in the formation of the Laguna Beach Community Counseling Service. Since drugs became the attraction and the escape of many of the youth who came from "hurting" homes, and since there was no agency within Laguna Beach that could provide therapy for the whole family, the Laguna Beach Community Counseling Service secured the services of Catholic Welfare (now Catholic Social Services) to offer such counseling to families and individuals on a referral basis.

Later the Laguna Beach Community Counseling Service, in an attempt to get to some of the underlying concerns and tensions of the youth of the community, has provided several other services. The Ministers-Students Rap Program was held at the high school for one year, providing the chance for different clergy and students to meet

weekly to "rap." This was not too successful due to the fact that it competed with all of the other school and community activities the hour following school. To take its place, a mini-course was offered in the high school program which brought in some of the religious leaders of the community to view the various denominations from theological, cultural, etc., viewpoints. Even though this is continued, it still did not meet the desired goals of the committee.

The community's mental health became a concern for a few of the persons who met with the drug concern. For the next year their concerns, coupled with a few new and young ministers and a few strong community leaders, began to take form. Several efforts were made to meet some of the more evident needs within the community.

The Community Presbyterian Church enlarged its nursery school and opened it to other children of the community. This was followed by the Christian Church and the Methodist Church meeting the overwhelming desire to have pre-school experiences of a growing nature for the children of the area. More recently the Methodist Church's nursery has started providing a warm meal at noon for the children, and they are in the process of providing a day care center for working mothers.

Efforts were made to start a Laguna Beach Free Clinic to meet the needs of the "hippies" and some of the low-income families of Laguna Beach. Due to poor organization, poor publicity and a personality difficulty with the self-appointed director, it was open twice a week with poor results. After about six months of such struggle, a change was brought into effect and a new effort made. The newly organized Ministerial Association took steps to join with several

other community leaders to develop this service. Several church persons became the liaisons between the Free Clinic and some of the local medical profession, resulting eventually in more staffing, endorsement by and support in money and supplies from the Orange County Medical and Mental Health. Church groups gave support in time and money and supplies to help the Clinic get through its first difficult year, plus providing a continuing source of support. Church participation also involved more of the community leaders in the effort of the Clinic to meet needs of the community.

In the year 1972, the Free Clinic, with a budget of $20,647.54 and a total of 6,887 volunteer hours plus the service of three full-time staff, has served a total of 8,003 patients (2,404 males, 5,599 females). The services rendered included:

Venereal Disease	
Checked, no treatment	1,581
Treated	473
Gynecological	4,021
Birth Control	2,208
Pregnancy	901
Urology (female)	137
GU	807
Infectious Diseases	2,170
Hepatitis	83
General Medicine	3,195
Referrals	492
Counseling	2,864
Alcohol and Drug	82
Sexual	42
Family	117
Interpersonal	211
Intrapersonal	221
Love Relationship	94
Marriage	133
Legal	121
Problem Pregnancy	337
Birth Control	944
Venereal Disease	517
Referrals	168

Telephone Counseling and Referrals	2,683+
Laboratory Tests	6,952
Prescriptions Dispensed	4,426
Written	1,398

During the year a move was made into a different building which offers possibilities for the expansion of services. The immediate expansion includes plans for dental care, development of pediatrics and geriatrics, expanded counseling service and a possible development of an overnight lodging system for transient youth and families.

A further attempt to help meet the immediate needs of persons of Laguna Beach was through the establishing of two "hot lines" to offer 24-hour help to persons in distress. The first was a line set up by a group (primarily a group of church persons who had been trained at St. Mary's Church and through other group involvements for being aware of the other person's feelings and needs, referral, crisis intervention, etc.) and had as its number 494-HELP. Shortly after this was started, the Laguna Outreach, an evangelical-oriented group that wanted to turn the youth to Christ rather than to drugs, set up a line with the number 494-TALK.

The Laguna Outreach, with the help of Billy Wade and the Melodyland advisers, set up a storefront walk-in where anyone (directed mainly to youth) could receive information on the Christian way to handle the drug threat, problems, etc. It also established a house in the canyon which would become the home of those who would "accept the Lord and kick the habit." Some of the adults of the area picked up on this theme and helped by sponsoring several drug prevention programs, with emphasis on the spiritual conversion. These efforts have

diminished. The home ran into trouble and in the fall of 1972 was taken over by a couple as a personal project. As the "Koinonia House" it remains open to those who will leave drugs for Jesus.

Another effort to meet the needs of youth was the evolution of a Y.M.C.A. office established in one of the churches for helping to find jobs for unemployed youth. The employment service has been successful and operates five mornings a week helping up to 400 youth a month find odd jobs or regular part-time jobs.

One of the major feats of recent years in concern for the welfare of Laguna Beach and having special regard to the community mental health concern has been the activity which centers around the survey mentioned in this study. In April of 1970, Laguna Beach Councilman Charlton Boyd, as a spokesman from a group of concerned city leaders and citizens, met with Supervisor (of Orange County) Allen, Dr. Philip, Orange County Health Officer and Dr. Ernest Klatte, Chief Deputy Director of Community Mental Health Services, seeking county help for some of the critical health and mental health problems in the city.

As a result of a series of meetings, it was planned that a study would be made of Laguna Beach to clearly delineate the extent and nature of the problems existing. A survey team was recruited, headed by Dr. Bill Routt, psychiatrist and Van King, architect and community services planner. The approach was to be a resident-centered one, involving many of the city's residents and leaders in the self-study. It was the goal that through a spirit of cooperative innovativeness the residents of Laguna Beach would not only reveal the real health needs, but also help in the development of some of the best possible

solutions to meet them.

After a year of much hard work and many barriers, the report was finished and presented to the City Council. It stopped right there! Nothing was done due to the make-up of that particular council. But the concern was still alive. William Ullom, Superintendent of the Laguna Beach Schools and an active participant in many community involvements, called a special meeting of state, county and city officials, plus local leaders and professional persons. This meeting was the last of June, 1971. It was followed by a meeting of all of the involved persons at the County Administrator's office in Santa Ana in July. As a result of these meetings the following actions were taken:

1. Orange County would continue the services of the mental health team throughout the year and would propose the same plus extended services in the budget for next year.
2. The Lagune Beach officials and leaders organized themselves into the "Laguna Beach Human Needs Advisory Board" and started to establish goals and procedures.
3. A general plan to decentralize the county services and to personalize them according to the community's needs was accepted.
4. The Laguna Beach City Council gave official recognition to the survey report and the Human Needs Advisory Board (only with pressure) and offered its assistance in the furtherance of its goals.
5. Much publicity was given the concern in Laguna Beach.

The Laguna Beach Human Needs Advisory Board continued to concern itself about the needs of the area. As a result, a new location was established for the offices of the mental health team. In cooperation with the Orange County officials plans were made for an extension of existing services and the development of new services to better meet the existing needs of persons in the community. The extended service is designed to include:

Community Mental Health Service . . . 7 staff personnel
Drug Abuse Team 7
Methadone Maintenance 5
Mental Retardation 1
Community Services Division . . . 1/2
Vocational Rehabilitation (available for case conferences)
Human Resources Division (available for case conferences)
Salary for Director of Free Clinic
Public Health Nurse 1
Well-Baby Clinic (staffed for 2-1/2 days a week)
Family Planning Clinic relocated in Laguna Beach
Will supply salary for Coordinator
Will assist Free Clinic in supplying antibiotics and share of rent
Probation will have an office here
Welfare to have office for Child Protective social worker here

The Ministerial Association and the Laguna Beach Human Needs Advisory Board have also cooperated with the Free Clinic and City officials to open the old library facilities over the Christmas holidays in 1971 and a house over the Christmas holidays in 1972 to meet the needs of the youth who would be traveling through and without lodging. The same involvement and cooperation has been evident in issues regarding the Greenbelt, Laguna High Rise, the Christmas Rock Festival in the canyon, plus upcoming issues regarding the development of a Youth Hostel, a need for an Ombudsman or Citizens Complaint Office in Laguna Beach, or community TV.

The Task Ahead

The first and most essential task of the churches of the Laguna Beach community is in the area of developing their own fellowships to be stronger environments for mental health. In many ways it seems that all of the congregations generally are functioning in a fashion designed to meet 19th Century needs. Many of the programs, much of the theology and worship, and most of its community involvement are failing to function with an understanding of the world of the 1970's, the needs of the members and the urgent role which the church must play in the evolving times.

Rather than the essence of the early church's concept of existing for the sole purpose of loosing itself in the world through mission and service, the congregations in general have designed programs to insure the self-perpetuation of the institution beyond all risk. Several trends have been changed, however, and new directions attempted. St. Mary's, for instance, has opened its building for nearly four years to outside groups which serve the community's needs, but which are not directly affiliated with the congregation. Included are Alcoholics Anonymous groups, "rap" groups for families, the county's well-baby clinic, and the room for the Laguna Beach Community Counseling Service. The Congregational Church and the Methodist Church have both opened their doors to non-profit organizations of the community within the past year and a half. The Presbyterian Church has started to show more of an awareness to the needs of the community. Even though it might not seem like much to an outsider, such moves

indicate progress. The mere opening of their facilities shows quite a change of policy, and at the same time due to the extreme shortage of meeting space within the community, it is a great help to other help givers.

Along with the concept of mission is the necessity of developing a more mature understanding and response of their religious function. With few exceptions, a description of the congregations of Laguna Beach would be identical to those given by James Anderson in Chapter II. Before the congregations can hope to be of great help to the community health movement, they must first of all do a radical remodeling job on each of their programs. It would do well for them to start by having the pastor and several of the main persons from each committee and/or board meet with a qualified person from the outside to do a thorough study of themselves, as a church, a congregation, as mission, as a Koinonia. It would be well for each congregation to get involved with books such as *Meetings that Matter* by Anderson, *Mental Health through Christian Community* by Clinebell, *The Miracle of Dialogue* by Howe, *Toward a Psychology of Being* by Maslow, *The New Group Therapy* by Mowrer, *Personal Growth and Social Change* by Seifert and Clinebell, *Future Shock* by Toffler, and many other books that could stimulate their awareness of and concern for growth. Along with this, they could also be involved in depth study of the Bible, with books of contemporary theologians and discussions with other religious leaders of the immediate area.

The second very essential task of the churches within the Laguna Beach area would be that of developing an openness and an

understanding to each other. This might result in combined programs, reduction of duplicated efforts, development of new programs and a broader, deeper religious involvement of the respective members. But more essential than the products or by-products of such a developing relationship is the relationship itself. Very essential to the whole community mental health movement is development of communication and open relationship. If the churches expect to help other segments of the community to relate to each other and be related to a common purpose such as mental health, the churches must first be able to do the same among themselves. To my knowledge, the only such relationship has been the on-going fellowship of the clergy at the ministers' breakfasts (and then only one-third showed an interest), a few churches' involvement with the Released-Time Christian Education Program, the Community Counseling Service, and a few other community projects. Two or three churches have tried joint programs for confirmation classes, the young unmarried adults, or Bible study, but none of these have continued. Most of these, however, were the results of efforts put forth by the clergy without the involvement or backing by committees or congregations.

A third important task of the churches involves further opening of their facilities, the volunteering of energies and time, as well as the sharing of their resources with those of the community in an effort to meet community needs. As was mentioned before, Laguna Beach has very little space which could be used for meetings, small group gatherings or community functions. The schools are limited to certain kinds of groups and charge rather large usage fees. Several banks have small

available rooms for such use but are booked long in advance. The Women's Club facility is similarly booked and is costly to groups that are working on a limited budget. The churches have some of the most attractive, practical and centrally located facilities. They also have chairs, tables, audio-visual equipment, and above all, the most precious item, parking space.

The church is also a good resource as far as volunteer hours and energies--a much needed item in a well-developed community mental health program. Not only can the church through its own members provide such an immediate source, but through its members, leaders, contacts within the community become a system of recruiting, organizing, training and carrying out such a complex volunteer program. Along with the resources of time and energy, the church can also be an important source of direct and indirect funding of programs. Many programs can be partially funded by county, state and federal funds, but need partial support from the community. In this regard the church could be a part of such an effort of the community. Other programs, if initiated by the community and given enough support to prove themselves, may then qualify for outside funding. Again, the church can help in providing the seed monies for new programs.

A fourth important task of the churches in Laguna Beach in the developing of a program of community mental health lies in the area of initiating a community-wide concern and action in such a direction. As was seen in the Mental Health Survey, a need is recognized for such action. But the efforts of the team itself, of the county and of the interested individuals were insufficient to get the program moving.

The City Council dropped it as if it were too controversial, too expensive and not necessary. One of the best initiatives could be that of a joint effort on the part of most of the churches along with some of the other interested groups and individuals to get it started--talking, planning, acting. It would be a simple but adequate start just to have some meetings of all concerned to discuss the findings of the survey, the realized needs of the community, some possible ways of meeting those needs, and ways of getting others involved and enthused.

A fifth and most essential task of the Laguna Beach churches would be in the leading the effort to bridge the existing gaps which have separated the general community into the rather liberal group on the one side and the rather conservative on the other. Also, the church can help to bridge the gaps between some of the sub-culture groupings, the isolated and withdrawn groups, from the rest of the general community. If a program of any quality is to be developed, there must be a basis of communication and understanding. Trust, openness and acceptance must be nurtured. Right now there are several feuds going on in Laguna Beach, the largest of which involves city government, the school board, and festival policies. The church could again take the initiative to work with the anger, the resentments, the "scaredness," to help the conflict be managed into growth rather than destruction.

A sixth area of concern for the church is one that has been overlooked, even though it is so obvious. This involves helping the various levels of the population to develop their awareness and expres-

sion of their religious natures. The local churches, with the exception of the drug cult, Jesus movement and a few other small movements, generally speak to and work with the middle-class residents. To be sure, any developing of a religious awareness on other levels will most likely not follow traditional forms, expectations or goals. But the religious needs are there, and must be a concern of the churches and the whole community if a program of community mental health is to be developed.

A seventh task of the churches would be the sharing with other help givers of the community to meet specific needs. Laguna Beach, as was seen from the opening description, has an abundance of older retired persons with a lot of time and physical ailments to contend with in the perspective of loneliness and worthlessness. The community offers virtually nothing to help such persons meet their needs, much less develop a meaningful view of living out life with joy, love, and meaning. Laguna Beach also has a rather large gay community. Instead of dealing with the problems of sexuality, not only the gay community, but communes, changing values, etc., the city fathers have put on greater restrictions and heavier penalties for any person or persons who do not fit the "normal" styles of life. Other groups who most certainly have specific needs in Laguna Beach are the youth, the parent of the one-parent families, the hippies, the young adult, members of the drug cults, and the minorities (Mexican-American, the Black, the Indian). To best meet such needs, the church and community care givers must help each group to develop programs to meet their own needs, rather than as outsiders writing out a prescribed solution to put on

them. The church, as an essential segment of the community and with a care for all, could be one of the most influential in the development of such developments.

An eighth task of the church in Laguna Beach is to work to change areas of the culture which are conducive to mental illness and personal incompleteness and replace those values, those traditions, those laws with some which would help to develop whole persons and a whole society. The church can express a concern with power. It can develop and guide power from within the community. It can use the denominational body, the various arms of government, the various systems of education, development and action to bring about changes essential to a personal and community mental health.

For so long the church and the various organizations of Laguna Beach have sustained their own organizations and kept the "status quo." The times are changing. People's needs are changing. The churches are in an important position in a crucial time of history. If they do not act *now* the community of Laguna Beach will lose much ground in its struggle toward developing whole persons within a wholesome community.

BIBLIOGRAPHY

BOOKS

Allport, Gordon W. *The Individual and His Religion.* New York: Macmillan, 1960.

Bindman, Arthur J., and Allen D. Spiegel (eds.) *Perspectives in Community Mental Health.* Chicago: Aldine, 1969.

Bonhoeffer, Dietrich. *Ethics.* trans. and ed. Eberhard Bethge and Neville H. Smith. London: SCM Press, 1955.

Briggs, Dorothy Corkille. *Your Child's Self Esteem.* Garden City: Doubleday, 1970.

Burin, Gerald, *et. al. Americans View their Mental Health.* New York: Basic Books, 1960.

Caplan, Gerald. *An Approach to Community Mental Health.* New York: Grune and Stratton, 1961.

Chalke, F. C. F., and J. J. Day (eds.) *Primary Prevention of Psychiatric Disorders.* Toronto: University of Toronto Press, 1968.

Clinebell, Howard J., Jr. (ed.) *Community Mental Health.* New York: Abingdon Press, 1970

_____. *Mental Health through Christian Community.* Nashville: Abingdon Press, 1970.

Duhl, Leonard, and Robert Leopold (eds.) *Mental Health and Urban Social Policy.* San Francisco: Jossey-Bass, 1968.

Edelson, Marshall. *Sociotherapy and Psychotherapy.* Chicago: University of Chicago Press, 1970.

Erikson, Erik. *Childhood and Society.* New York: Norton, 1950.

Fordham, Jefferson B. *A Larger Concept of Community.* Baton Rouge: Louisiana State University Press, 1956.

Freedman, A. M., and H. I. Kaplan (eds.) *Comprehensive Textbook of Psychiatry.* Baltimore: William and Wilkins, 1967.

Fromm, Erich. *Man for Himself.* New York: Rinehart, 1947.

_____. *The Sane Society.* New York: Rinehart and Winston, 1955.

Glasser, William. *Reality Therapy.* New York: Harper and Row, 1965.

_____. *The Identity Society*. New York: Harper and Row, 1972.

Gordon, Thomas. *Parent Effectiveness Training*. New York: Wyden, 1970.

Grunebaum, Henry (ed.) *The Practice of Community Mental Health*. Boston: Little, Brown, 1970.

Hardy, Peg and John Hardy. *Only in Laguna*. South Laguna: J. L. Hardy, 1972.

Hofmann, Hans (ed.) *The Ministry and Mental Health*. New York: Association Press, 1960.

Horney, Karen. *Neurosis and Human Growth*. New York: Norton, 1950.

Jahoda, Marie. *Current Concepts of Positive Mental Health*. New York: Basic Books, 1958.

James, William. *Varieties of Religious Experience*. New York: Longmans, Green, 1917.

Klein, Donald C. *Community Dynamics and Mental Health*. New York: Wiley, 1968.

Knight, James A. and Wilborn E. Davis (eds.) *Manual for the Comprehensive Community Mental Health Clinic*. Springfield: Thomas, 1964.

Kotinsky, Ruth and Helen L. Witmer (eds.) *Community Programs for Mental Health*. Cambridge: Harvard University Press, 1955.

Kunkel, Fritz. *In Search of Maturity*. New York: Charles Scribner's Sons, 1943.

Lamb, H. Richard, Don Heath, and Joseph J. Downing (eds.) *Handbook of Community Mental Health Practice*. San Francisco: Jossey-Bass, 1969.

Magee, John B. *Religion and Modern Man*. New York: Harper and Row, 1967.

Maslow, Abraham. *Toward a Psychology of Being*. Princeton: Van Nostrand, 1968.

Maves, Paul B. *The Church and Mental Health*. New York: Charles Scribner's Sons, 1953.

May, Rollo. *Love and Will*. New York: Norton, 1969.

_____. *Psychology and the Human Dilemma.* Princeton: Van Nostrand, 1967.

_____. *The Art of Counseling.* New York: Abingdon Press, 1939.

McCann, Richard. *The Churches and Mental Health.* New York: Basic Books, 1962.

Mechanic, David. *Mental Health and Social Policy.* Englewood Cliffs: Prentice-Hall, 1969.

Montgomery, D. Wayne. *Healing and Wholeness.* Richmond: John Knox Press, 1971.

Mowrer, O. Hobart. *The New Group Therapy.* Princeton: Van Nostrand, 1964.

Niebuhr, H. Richard. *The Purpose of the Church and its Ministry.* New York: Harper and Brothers, 1956.

_____. *The Social Sources of Denominationalism.* New York: Holt, Rinehart and Winston, 1929.

Oates, Wayne E. *The Religious Dimensions of Personality.* New York: Association Press, 1957.

Oden, Thomas C. *Contemporary Theology and Psychotherapy.* Philadelphia: Westminster Press, 1967.

Otto, Herbert. *Explorations in Human Potentialities.* ed. by Herbert Otto. Springfield: Thomas, 1966.

Pattison, E. Mansell (ed.) *Clinical Psychiatry and Religion.* Boston: Little, Brown, 1969.

Ramsey, Merle and Mabel Ramsey. *Pioneer Days of Laguna Beach.* Laguna Beach, Calif.: Hastie Printers, 1967.

Riess, Bernard F. (ed.) *New Directions in Mental Health.* 2 vols. New York: Grune and Stratton, 1969.

Roberts, Guy L. *Personal Growth and Adjustment.* Boston: Holbrook Press, 1968.

Robinson, Reginald, David F. DeMarke, and Mildred K. Wagle. *Community Resources in Mental Health.* New York: Basic Books, 1960.

Royce, James E. *Personality and Mental Health.* Milwaukee: Bruce, 1964.

Seifert, Harvey, and Howard J. Clinebell, Jr. *Personal Growth and Social Change*. Philadelphia: Westminster Press, 1969.

Shapiro, David S., *et. al. The Mental Health Counselor in the Community*. Springfield: Thomas, 1968.

Shore, Milton F., and Fortune V. Mannino (eds.) *Mental Health and the Community*: Problems, Programs, and Strategies. New York: Behavior Publications, 1969.

Soddy, Kenneth, and Robert H. Ahrenfeldt (eds.) *Mental Health in a Changing World*. (International Study Group on Mental Health, Report, vol. 1) Philadelphia: Lippincott, 1965.

Toffler, Alvin. *Future Shock*. New York: Random House, 1970.

Tournier, Paul. *The Meaning of Persons*. New York: Harper and Row, 1957.

Weatherhead, Leslie D. *Psychology, Religion and Healing*. New York: Abingdon Press, 1952.

Wessen, Albert F. *The Psychiatric Hospital as a Social System*. Springfield: Thomas, 1964.

Williams, Richard H., and Lucy D. Ozarin (eds.) *Community Mental Health*. San Francisco: Jossey-Bass, 1968.

ARTICLES

Anderson, James A. "A Climate for Health," *Colloquy*, VI:1 (January 1973), 22-26.

Bloy, Myron B., Jr. "The Christian Function in a Technological Culture," *Christian Century*, LXXXIII: 7 (February 23, 1966), 231-234.

Committee for National Health Insurance, Fact Sheet #8 (January 1967).

Daniel, Mann, Johnson, and Mendenhall. "Economic Forecasts for the City of Laguna Beach, California," Orange County Facts, November, 1969.

"Digest of Crisis in Child Mental Health: Challenge for the 1970's," Washington: Commission on Mental Health of Children, 1969.

Eckerson, Louise O. "The White House Conference: Tips or Taps for Counselors?" *Colloquy*, VI: 1 (January 1973), 9-13.

Geckeler, Stephen D. "Learning to be a Family," *Trends*, V:3 (January and February 1973), 26-29.

"Greening of Iris Mountain," *Trends*, V:3 (January and February 1973), 2-9.

"Health Care: Supply, Demand and Politics," *Time* (June 7, 1971).

"Laguna Beach Health Survey Project Report," a study of Laguna Beach, California, presented to the City Council, July, 1971.

Mann, Kenneth W. "The Mission of the Church in a Drug Culture," *Journal of Religion and Health*, II:4 (October 1972), 329-347.

McCune, Shirley. "Counseling as Education," *Colloquy*, VI:1 (January 1973), 2-8.

Wood, Hunter H. "Constructive Collaborators: Religion and Psychology," *Journal of Religion and Health*, II: 2 (April 1972), 120-132.

"Your Child's Mental Health," a brochure published by the Ozaukee-Washington Counties, Wisconsin.